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ABSTRACT

This document is the interim report of a task force on drug and alcohol abuse prevention for Montgomery County, Maryland. The report emphasizes that in order to effect prevention, a partnership between business, schools, and communities is needed. These four tasks of the task force are listed: (1) to determine the extent of the problem; (2) to define target groups for prevention activities; (3) to identify action strategies; and (4) to identify the roles of various community segments. The summary of the report concludes that there is a severe and increasing substance abuse problem in the county, despite increased law enforcement efforts. It recommends focusing on two targets--families with preschool children and school-age children and communities with a high incidence of drug-related crime activities. It is recommended that community gatekeepers and stakeholders be identified and trained in prevention, and that resources to carry out recommendations should include donated time and services as well as money. Additional short- and long-term recommendations are provided. In regard to the future, over the next several months the task force will examine additional areas to establish the groundwork to enable prevention to take its rightful place in sustained efforts to deal with the serious problem of substance abuse. (ABL)

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Montgomery County Government

ROCKVILLE, MARYLAND 20850

Sidney Kramer
County Executive
(301) 217-2500
TTY 279-1083

September 22, 1988

Dear Concerned Citizen:

The use of illegal drugs and the abuse of alcohol threatens to destroy the greatest and strongest element of the Montgomery County community: family life. Despite increased law enforcement efforts, drug and alcohol abuse continues to be a serious problem in Montgomery County, Maryland and in the Washington, D.C. Metropolitan area.

We have come to recognize that there is no single effective solution or strategy to counteract the supply of, or demand for, these substances. Therefore, we are seeking to supplement interdiction and treatment with the enhancement of prevention. Prevention requires a sense of long-term commitment to empowering everyone to turn away from drugs and take control of their lives.

I am pleased to share the attached interim report, "Building a Drug-Free County," with the citizens of Montgomery County. The Community Leadership Task Force on Drug and Alcohol Abuse Prevention is seeking to provide support and creative ways to enlist the community in an all-out grassroots prevention effort.

I commend the Task Force for this courageous beginning and invite the citizens of our community, our businesses and schools to join with government in an active partnership to fight drug and alcohol abuse so as to protect our families and to build a drug-free Montgomery County.

Sincerely,

Sidney Kramer

Sidney Kramer
County Executive

SK:kg

BEST COPY AVAILABLE

Montgomery County Government

September 22, 1988

Mr. Sidney Kramer
County Executive
Executive Office Building
101 Monroe Street
Rockville, Maryland 20850

Dear Mr. Kramer:

On behalf of the Community Leadership Task Force on Drug and Alcohol Abuse Prevention, I am pleased to transmit to you our interim report; Building a Drug-Free County, a Partnership of Community, Business, Schools, and Government.

We regard this report as a first step and we will continue to study the many facets of drug and alcohol abuse prevention through June, 1989. We anticipate providing you ultimately with a two-year proposed plan of action, since we know that prevention will require a long term commitment.

In addition we wish to emphasize that, to be successful, prevention will require a partnership with business, schools, and communities as well as government.

We appreciate your commitment to address the problem by convening this Task Force and are grateful for the opportunity you have provided for careful study of drug and alcohol abuse in Montgomery County.

Sincerely yours,

William H. Jones

William H. Jones
Chairman

WHJ:kmg

Department of Family Resources, Division on Children and Youth

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Building a Drug-Free County

A Partnership of Community, Business, Schools, and Government

An Interim Report to the County Executive

Community Leadership Task Force on
Drug and Alcohol Abuse Prevention

Staff support provided by:
Montgomery County Government
Department of Family Resources
Division on Children and Youth
101 Monroe Street
Rockville, Maryland 20850
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September 1988

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Executive Summary

Introduction

The use of illicit drugs and the abuse of alcohol are threatening to destroy the greatest and strongest element of our Montgomery County community -- family life. To bring all segments of the community together to help develop new strategies for prevention in 1988 and beyond, County Executive Sidney Kramer formed the Community Leadership Task Force on Alcohol and Drug Abuse Prevention on June 10, 1988. The 32-member Task Force represents a partnership of community, business, and government.

The Task Force's four tasks are

1) To determine the extent of the problem.
2) To define target groups for prevention activities.
3) To identify action strategies.
4) To identify the roles of various community segments.

The Task Force has met as a whole and as Business, Community, and Government Committees. Task Force members have reviewed extensive information and have conducted site visits to five treatment and prevention programs. By June 1989 the Task Force will develop a comprehensive action plan for prevention. This report presents its interim recommendations for immediate action.

The Extent of the Problem

Although our picture of the problem is incomplete, the available evidence all points in the same direction. There is a severe and increasing substance abuse problem in Montgomery County, despite increased law enforcement efforts. The problem affects everyone, not just youth. The largest group with substance abuse problems is the 20- to 40-year-old working population, from all social, economic, and cultural backgrounds.

Alcohol is the substance most commonly abused, but the use of other drugs is also common. Juvenile alcohol use, which is illegal, remains at an alarmingly high level. In addition, the high incidence of drug-related crime activities in some communities is creating increasing demands on county resources, including police, prosecutors, corrections, and treatment services. Furthermore, the rate of AIDS virus (HIV) infection among intravenous drug users has increased rapidly.

Substance abuse is causing Montgomery County economic losses estimated at $275.6 million annually in health care, sick days, loss of productivity, and theft. The substance abuse problem is so pervasive that it is likely to worsen the stress on the criminal justice and treatment systems without a strengthened commitment to prevention efforts.

Recommended Targets

The Task Force recommends a focus on two main targets:

- Families with preschool and school-age children.
- Communities with a high incidence of drug-related crime activities.

Targeting **families** is crucial because 1) parents currently do not receive education on how to reinforce the prevention messages their children receive in the public school curriculum, 2) children whose parents abuse substances are at added risk of becoming substance abusers, and 3) youths recovering from addiction emphasize the need for positive role models in their lives.

Targeting **communities** with high rates of drug-related crime activities is also important, because the people in these areas risk not only substance abuse but also the crime and violence associated with it. Although law enforcement efforts can deter some of the drug use and trafficking in these areas, prevention represents the long-term hope for reducing the demand for drugs.

Recommended Actions

- **Identify and train the community's "gatekeepers" and "stakeholders."** This strategy was most often cited by Task Force members as a priority for both short-term and long-term implementation. The gatekeepers and stakeholders are the civic, religious, and other leaders who come into regular contact with larger groups and have influence in the community. Enlisting the involvement of these key community members in substance abuse prevention will spread prevention messages and activities to wider community blocks.

Additional Short-Term Recommendations

- **Establish a County substance abuse policy.** The Montgomery County Government, as a major county employer, should set an example by establishing a substance abuse policy for its own employees. This policy should state expectations, the action to be taken in response to identified abuse, and the support employees with substance abuse problems can expect.

- **Prepare an inventory of prevention resources.** The County Executive should take the measures necessary to assess the prevention resources already available in the community and to disseminate the results broadly.

- **Conduct a comprehensive information and media campaign.** Information through the media should reinforce other prevention programs in both the timing and the content of the messages.

- **Develop an enhanced coordination infrastructure in the County Government.** A mechanism needs to be in place to coordinate, monitor, and evaluate the county's prevention efforts and to provide support and guidance to both business and community groups.

Additional Long-Term Recommendations

- **Educate employers and help them develop drug and alcohol policies for their workplaces.**

- **Conduct outreach in high-risk communities.**

- **Build prevention efforts on natural tie-ins with existing programs such as kindergarten round-up, well-baby clinics, Recreation Department classes, day care providers, and medical institutions.**

Resources

The Task force urges that resources to carry out these recommendations be thought of in the broadest possible terms -- donated time and services as well as financial resources. Money spent on prevention is a good investment. In addition, the commitment to prevention must be a long-term one if the efforts are to succeed.

The Future of the Task Force

These interim findings and recommendations reflect the agreement of Task Force members that several specific actions are needed and can be effectively carried out in the short term. Over the next several months the Task Force will examine additional areas to establish the groundwork to enable prevention to take its rightful place in sustained efforts to deal with a serious problem in our county.

Chapter 1

Introduction

The use of illicit drugs and the abuse of alcohol are threatening to destroy the greatest and strongest element of our Montgomery County community -- family life.

Substance abuse is a longstanding health and safety problem, to be sure, but dramatic changes have taken place in recent years. Preventing substance abuse in children, youths, and adults who are not yet involved is critical to the future social and economic health of the county and its people. Similarly, we must act to prevent further abuse by previous users. Succeeding in these efforts will require concerted efforts by our communities, businesses, government, and schools.

Several recent developments have underscored the need for both an intensive examination of this problem and the initiation of comprehensive new strategies to address it.

- The March 1988 report of the Greater Washington Research Center -- the "Rand Report" -- examined drug use and current efforts to combat it in the Washington metropolitan region. The report concluded that more efforts are needed in the area of prevention.

- The federal 1986 Drug-Free Schools and Communities Act makes provisions for all schools to increase prevention efforts. Montgomery County will receive $900,000 over the next 3 years to expand substance abuse prevention/education efforts for youth and families.

- Civic groups and advisory bodies have asked the County Government for new approaches for addressing the problem of drug use and distribution in their communities.

- Arrests for drunk driving and drug possession and distribution have continued to grow, indicating that the problem cannot be solved by enforcement alone.

- With the call for debate on legalizing drugs, pressure is mounting to find new and creative strategies to reduce or eliminate the demand for drugs.

- The June 1988 report of the White House Conference for a Drug-Free America called on all local jurisdictions to establish enhanced substance abuse policies, stating: "This country could dissolve, not because of external threat, but because of our own failure to control illegal drug use...Through inattention and self-delusion we are giving over near domination of our cities, our criminal justice system, our health and well-being, our children's future and perhaps in the end, our national

character, to criminals and international drug dealers. It is impossible to overstate the danger drug use poses to our country and its citizens."

Task Force Formation and Background on Prevention

To bring all segments of the community together to help develop new strategies for prevention in 1988 and beyond, County Executive Sidney Kramer formed the Community Leadership Task Force on Alcohol and Drug Abuse Prevention on June 10, 1988, with the concurrence of County Council President, Michael Subin, and the other Council members.

"I am totally opposed to legalization and feel strongly that prevention should be our primary direction," Mr. Kramer said. "We have to give prevention sufficient emphasis and ample resources first. I am not convinced that all prevention approaches have been tried and failed, and that we have no other choice."

Mr. Kramer said that he has complete confidence in the efforts of law enforcement organizations, but that in the long run, prevention is the most effective means for eliminating the problem.

Mr. Kramer named William H. Jones, Vice-President for Corporate Affairs of the Potomac Electric Power Company, as Chairman of the Task Force. The 32-member Task Force represents a partnership of community, business, and government, with representatives from County Government, civic associations, public schools, clergy, business, and parents.

The Task Force Mandate

By June 1989 the Task Force will develop a comprehensive action plan. The Task Force's four tasks, as mandated by County Executive Kramer, are to

1. Determine the extent of the substance abuse problem in Montgomery County.
2. Define specific target groups for prevention and education activities.
3. Identify action strategies for early implementation in the fall of 1988.
4. Identify the appropriate roles of various segments of the community, including government, schools, business, civic, clergy, and families.

The interim action plan presented in this report is based on the work of the Task Force since June. It includes recommendations for immediate action to help all our citizens understand the threat posed by substance abuse and to give them new tools to wage war on the prevention front. Starting in October 1988, the Task Force will continue to study those issues identified for future consideration and will work toward developing a two-year action plan to be submitted to the County Executive in June 1989.

Background on Prevention

The full Task Force met on June 10, June 21, August 8, and September 8. Subgroups appointed by the Chairman to Business, Community, and

Government Committees also met and conducted site visits to treatment and prevention programs during July.

To gain a first-hand perspective on current prevention and treatment efforts in Montgomery County, Task Force members conducted site visits to the Phoenix 2 alternative school near Gaithersburg, the Social Model Detoxification Program on Shady Grove Road, the SNEAKERS Program in Lincoln Park, Communities Taking Action Against Substance Abuse, and the Parent Component of Gaithersburg Teen Support at Gaithersburg High School.

The site visits provided the Task Force members with "hands on" experience that reinforced the written materials they had received regarding treatment and prevention programs. In their discussions during the site visits, they learned of the importance of role modeling and of empowering communities in substance abuse prevention techniques. They also learned about poignant examples of how substance abuse affects the individual and the family. (Appendix B contains a complete description of the site visits.)

Prevention Definitions and Principles

Definitions. The Task Force used several recent, nationally accepted prevention definitions as guidelines in developing its prevention strategies for Montgomery County. Multiple definitions are cited in Appendix C. These definitions indicate the need to enlist all segments of the community into action to reach a single goal: to encourage the individual and society to turn away from the use of controlled dangerous substances and from the abuse of alcohol.

Prevention Principles. Although the Task Force has not developed its own definition of substance abuse prevention, the following common themes and principles have emerged over the last 3 months of Task Force efforts.

- A major component of prevention is the process of changing attitudes in order to change behavior.
- Prevention must address the denial of the problem.
- The implementation of any prevention strategy should include formal systems of coordination, monitoring, and evaluation.
- The issue of role modeling for children is important for adults and parents to understand.
- Education is the most frequently cited means of conducting prevention efforts.
- The media of mass communication must be involved with any strategies undertaken.
- The County Executive should play a visible leadership role, by making a public policy statement regarding substance abuse.

Background on Prevention Efforts in Montgomery County.

Early on the Task Force members were briefed by key County staff regarding what the County has been doing in the areas of enforcement, treatment, and prevention. The following are the two major sources of current prevention/education programs supported by public funding.

Current Prevention Programs: The Public Schools

The schools are making an all-out push to stress prevention. The school system's approach consists of education, intervention, treatment, and rehabilitation, working in concert with a strong disciplinary policy that is against any use of alcohol or other substances by youths. Even though the incidents of use or abuse on school property have significantly dropped, students are still involved, but not during the school day on school property.

A completely revised health education program began in 1983. The elementary curriculum has prevention units in science and social studies and in every grade from Kindergarten through Grade 6. Grade 7, in science classes, receives a 4-week unit on alcohol, tobacco, and other drugs. Grade 8 has a 6-week health unit in Physical Education classes, focusing on social issues, problems, pressures, decision-making, family and peer relationships, substances, sexually transmitted diseases, pregnancy prevention, and teen pregnancy. The County and state have no requirements from Grade 9 on; electives in health education are available.

Montgomery County funds of $110,000 are being used for the formation of action teams, parent peer groups, and student groups as listed below. In addition, efforts beyond the instructional program are very important. A federal grant of about $900,000 over the next 3 years will support the McGruff Prevention Program in Grades K-2, Project SMART in all 6th grades, piloting and expansion of Project DARE for Grade 7, and added films and aids for Grade 8.

Fifteen high school communities now have School Community Action Teams (SCAT), in which community members, school nurses, administrators, and students tailor prevention efforts to the local community. The SHOP Program (Students Helping Other People) is now in 10 high schools. By the end of the current school year (June 1989), 20 high schools will have either SCAT or SHOP, and, of those 20, 15 will have both programs.

Current Prevention Programs: The County

The Department of Family Resources is currently the lead county agency for drug and alcohol abuse prevention, because of the need for ongoing coordination. Public funds for the current fiscal year that are earmarked primarily for drug and alcohol abuse community prevention through the Department of Family Resources include $179,160 in County dollars

($129,160 for the Care Center, the County's clearinghouse on drug and alcohol abuse prevention, and $50,000 in matching funds for Business Against Drugs, Inc.) and $82,068 in state dollars.

Programs provided through mini-grants in the community serve children, youth, and communities in general. Many of the programs are conducted by private organizations and agencies. A sample list of these grantees is in Appendix H.

In addition, numerous public agencies within County Government and private agencies provide drug prevention services as part of their activities. Among them are the Department of Addiction, Victim, and Mental Health Services, the Health Department, the Recreation Department, and the Department of Social Services. They provide such programs as Youth Service Centers, School Health Nurses, and Recreation Outreach Services. Private, community-based programs are provided through the Boy Scouts, Girl Scouts, Campfire, Crittenton, 4-H, and other organizations.

Target Group

From the outset, the Task Force members have grappled with whether to emphasize developing prevention strategies aimed at adults ages 20 to 40, or whether to focus on children. Although the group recognized that children should be the primary target for prevention, they felt that prevention programs focused on the adult age group would create a "trickle down" effect on younger people, because children, especially school-age children, see adults as role models. In the end, Task Force members decided to focus on families of children, thus neatly including the key segments of our population at greatest risk.

Contents of This Report

The following chapters present the results of the Task Force's work to date. Individual sections outline the extent of the problem, the definitions and principles of prevention, the findings from site visits to prevention and treatment programs, and the conclusions and proposals of the Task Force's three committees. Additional sections present the Task Force's recommendations for immediate and long-term action, together with a preliminary analysis of the issues to be examined by the Task Force over the next several months.

These findings and conclusions are not the final ones, because this is an interim report. However, they reflect the agreement of Task Force members that several specific actions are needed and can be effectively carried out in the short term.

(Staff support for the Task Force was provided through the Montgomery County Department of Family Resources and its Substance Abuse Coordinator, Carol Giannini.)

Chapter 2

The Problem: An Overview

Seven Snapshots

- **A Student.** Susie tried her first beer when she was 11 years old. During 7th and 8th grade she drank more. As time went on, her grades fell, and she started skipping school. By the time her parents realized that she needed treatment, she was 15 and was using marijuana and cocaine as well as alcohol several times a week. She ran away from the first treatment program, but after many months the second one has been successful. At age 16 she's now succeeding in school, is glad to be drug and alcohol-free, and plans to graduate.

- **A "Street-Level" User.** Sam has used alcohol for many years and was recently arrested by the Montgomery County Police Jump Out Squad for buying crack cocaine. He's 22, lives in a low-income housing project, and doesn't have a job. A 12-year-old boy was helping the dealer who sold Sam the crack.

- **A Mid-Level Dealer.** Joe holds a professional job and lives in an upper middle class community in Montgomery County. He uses powdered cocaine "for recreation" and also sells it to his coworkers and friends. They also like to drink and "party" on weekends. Joe is one of Montgomery County's mid-level drug dealers and was recently convicted after his arrest by the Narcotics Unit of the Montgomery County Police.

- **A Drunk Driver.** Jim had just arrived in Montgomery County to work as a physical education teacher. He got out of his car, opened the trunk, and started unpacking. Helen was driving down the street at the same time. Helen had been drinking. She lost control of her car, and it swerved and hit Jim. Jim lost both of his legs in the accident.

- **A Family in Crisis.** John, a 27-year-old professional who lives in the county, mortgaged his house, sold his car, missed work often, stole money from his employer, and was $150,000 in debt -- all to support his cocaine addiction. Because of John's deteriorating physical condition, his family feared for his life. His wife left him, taking their infant child, out of fear of their lives. John was unsuccessful the first time he put himself into a treatment program. However, he has accepted his family's offer to take out extensive loans to pay for another treatment program.

- **A "Professional" User.** Cary is a 28-year-old professional who has been using heroin intravenously on a regular basis since he was 25. After bouts of pneumonia and swollen neck glands, he went to his physician, who tested his blood for the presence of HIV -- the virus for AIDS. The test showed that Cary is infected with the virus, probably through his intravenous drug use.

- **A High-Level Dealer.** Kevin is a successful stockbroker who lives in a suburban home with his wife and two children. He supplies several kilograms of cocaine weekly to a handful of middlemen, who in turn distribute it to street dealers. Kevin was the subject of a joint investigation of the County Police Department and the Internal Revenue Service. He faces a substantial jail term and fine upon conviction.

The stories of Susie, Sam, Joe, Jim, Helen, John, Cary, and Kevin show the many sides of the substance abuse problem in Montgomery County. The story of Jim and Helen is real. The other stories are based on the case records from the Montgomery County Police and treatment programs. These eight people are individuals, and so they're not "typical." Actually, no one person is typical, because the problem affects so many people. The full story involves thousands of individuals who live or work in Montgomery County.

Information Sources and Data Gaps

To fill in the broader picture, we have used information from several sources: the Montgomery County Police Department, The Montgomery County Department of Health, the Montgomery County Department of Social Services, the Montgomery County Department of Corrections, the Montgomery County Department of Family Resources, the Montgomery County Department of Addiction, Victim, and Mental Health Services, and the Montgomery County Public Schools. We also used information from the 1986 Grand Jury Report, the 1988 Rand Report published by the Greater Washington Research Center, the 1988 White House Conference Report, the National Alcoholism Council, the Maryland Department of Health and Mental Hygiene, the Federal Drug Abuse Warning Network (DAWN), the National Institute on Drug Abuse, and Mothers Against Drunk Driving of Montgomery County.

The information we have is fragmentary and incomplete for several reasons. No single data source exists in the county, and the general population in Montgomery County has not been surveyed. In addition, reporting methods vary from one organization to another. Hospitals have different systems for recording emergency room admissions, and some hospitals do not report to the Federal Drug Abuse Warning Network (DAWN). Moreover, hospital data are not accessible locally. Treatment data are available only from programs that receive public funds or are state-certified. No database exists at the county or state level for hospital-based, privately funded, noncertified programs. Thus, no statistics are available on how many Montgomery County residents seek substance abuse treatment in private programs either inside or outside the county. In addition, data defining sex, race, ethnicity, etc., are not readily available. Finally, without standard baseline information on adult use/abuse, it is not possible to find out what prevention efforts are working in Montgomery County.

However, the available information indicates that drug abuse is a major problem that affects everyone -- all ethnic/racial groups, all socioeconomic

groups, all age groups, and all occupations. Abusers harm not only themselves but also their children, their spouses, their friends, and their employers.

Profiles: The users, the use, the trends, and the impacts

The Users: People of all ages and socioeconomic levels in Montgomery County abuse alcohol and other drugs.

- Drug offenders arrested for use in Montgomery County are similar to those in the rest of the greater Washington area. They are typically adults, 18 and older, employed, and include both males and females. Many are parents, older brothers and sisters, or aunts and uncles of young children who do not yet use drugs but who are the potential drug users of the future.

- According to the Montgomery County Special Grand Jury on Drug Abuse in 1986, drug offenders in our county are adults of all social and economic levels. Most of these offenders are middle class, and many are well-educated, well-paid professionals in their late 20's and early 30's.

- The greatest numbers of people arrested for substance abuse are young working adults ages 20 to 40, according to the Montgomery County Police. The bulk of the people in the county's treatment programs are also in this age group.

- Street users and dealers who are arrested are usually young adults who have low incomes. Mid-level dealers are usually older, of middle to upper class, and of all races and nationalities. Six of seven arrested drunk drivers are males, often between ages 25 and 34. The rest are older adults or teenagers from all parts of the county.

- Alcoholics in publicly funded treatment programs are mainly males between ages 20 and 40, with a high school education or less, and employed. Drug abusers in publicly funded treatment programs are both male and female. They are mainly white, unemployed, and lacking education beyond high school. They are usually addicted to cocaine, crack cocaine, or PCP, and they may also abuse marijuana and alcohol.

- Statistics on use among Montgomery County public school youth indicate that experimentation with alcohol and other drugs such as marijuana, PCP, and crack cocaine is starting younger -- age 11 in many cases -- and that alcohol continues to be consumed by a major percentage of students. Alcohol is used by 86% of high school seniors, which is 20% higher than the national average.

- Teenagers who use alcohol or other drugs represent all intelligence and achievement levels. They typically started in their preteens or early teens by trying alcohol at home. Drug use by county youths has declined since 1982, but young adolescents are experimenting with a broader range of drugs than in earlier years.

- According to a recent survey of businesses by Business Against Drugs, Inc. (B.A.D., Inc.), 36% of the respondents believe that drug abuse is prevalent in the workplace, and 35% believe that alcohol is abused by employees during working hours.

- According to the National Household Survey by the National Institute on Drug Abuse, among the 18 to 25-year-old adult population, who represent those entering the workplace, 65% have used illicit drugs, and 44% have used them in the last year.

The Use: Alcohol is the substance most commonly abused, but the use of other drugs is also common.

- Alcohol is the drug most abused in Montgomery County, followed by crack cocaine (a powerful cocaine derivative), cocaine powder, PCP, heroin, marijuana, and pills. Three of every five 8th graders and four of every five 12th graders use alcohol currently -- once a month or more often. The amount of use of specific drugs by 20 to 40-year olds and older age groups is not known, because students are the only group that has been surveyed.

- According to the National Council on Alcoholism, from 4.5% to 8.3% of Montgomery County residents are estimated to have an alcohol problem requiring treatment, and 5% are at risk of not being able to cope because of drug abuse. Thus, from 31,500 to 58,100 county residents are alcoholic, and from 94,500 to 283,500 of their immediate family members are being affected by their alcoholism.

- Crack cocaine was virtually unknown in the county one year ago. Now it is the most common street drug. Drug dealers are mainly adults, but juveniles are now regularly employed as "runners" and dealers in the crack cocaine trade.

- More than four of every five offenders in the Pre-Release Center and Detention Center of the County's Department of Corrections have alcohol or drug problems.

- Montgomery County is one part of the whole Washington metropolitan area. The Rand Report has stated that the whole area has drug abuse problems that are "exceptionally severe and generally getting worse." Compared to nearby areas, Montgomery County's problem is severe.

- Nationally, 37 million people over age 12 used an illegal drug in the past year, and 23 million, or almost 1 in every 10 Americans, used an illicit

drug in the past month, according to the White House Conference Report of 1988.

The Trends: Drugs are increasingly available and are having increasing effects on law enforcement and treatment resources in Montgomery County.

- Drugs are now sold in "open-air" markets around the county. The number has quadrupled in the last 2 years. These markets are streets, parking lots, or other outdoor areas where large amounts of informal drug dealing takes place. Drug users can easily reach 150 more markets in Prince Georges County and the District of Columbia. At the same time, drug users from neighboring jurisdictions can obtain illegal substances in Montgomery County.

- Partly as a result of increased enforcement efforts, police seized more illicit cash, crack cocaine, cocaine powder, and PCP in the first 5 months of 1988 than they did in all of 1987. Between 1983 and 1987, arrests for drug-related offenses increased 79%. Drug-related violence has also increased this year over last, with increases in homicides, physical attacks, sexual assaults, and house break-ins.

- Prosecutions for drug-related offenses are up 63% this year compared to the same period last year. And the County Detention Center has become overcrowded, partly as a result of drug-related offenses.

- The intensified focus on drunk driving has produced arrests of almost 5,000 drunk drivers each year since 1985, compared to 1,461 in 1981. *(FIG. 1)*

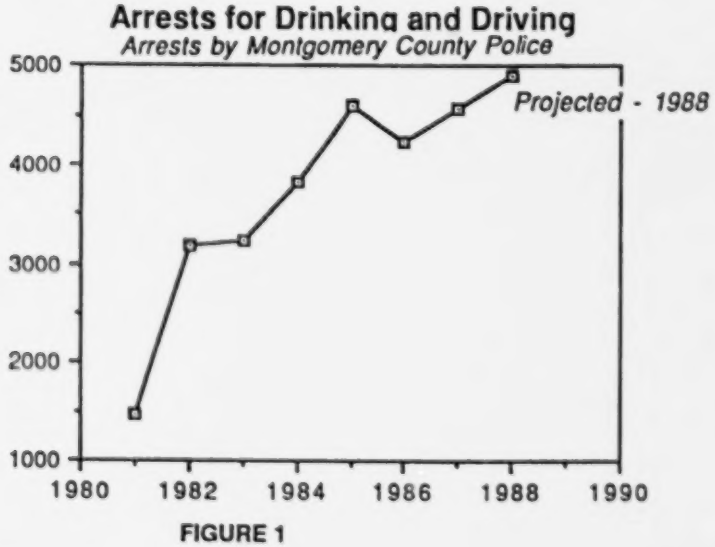

FIGURE 1

- According to a self-report survey administered by Montgomery County Public Schools, juvenile alcohol use is 20% higher than the national average, although it has declined slightly since 1982. Juvenile drug use and drug arrests have both declined since 1982.

- According to the Rand Report, cocaine-related emergency room admissions are 50% higher in the suburbs than in the District of Columbia. According to the Drug Abuse Warning Network (DAWN), emergency room admissions for substance abuse-related problems increased by 21% in Montgomery County between 1983 and 1987. The number of patients with disorders related to substance abuse and using acute care beds in five county hospitals rose 15% from 1986 to 1987. *(FIG. 2)*

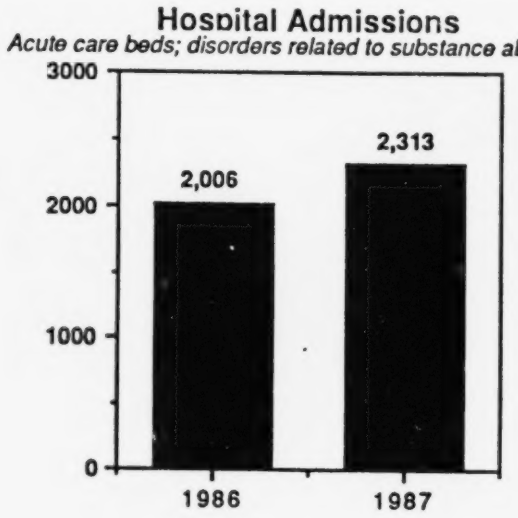

FIGURE 2

- The rate of positive blood tests for HIV -- the AIDS virus -- among intravenous drug users in Montgomery County is increasing, according to data from the Department of Health's HIV Screening Sites.

- Publicly funded treatment programs *(FIG. 3)* now maintain waiting lists. The treatment population in these programs has changed in the last few years. People in treatment today usually have abused several substances, not just one. Pure alcoholics are rare. In addition, alcoholics as young as 13 and 14 are entering treatment already showing severe physical damage from alcohol. And families in which both the parents and the children abuse drugs are increasingly common.

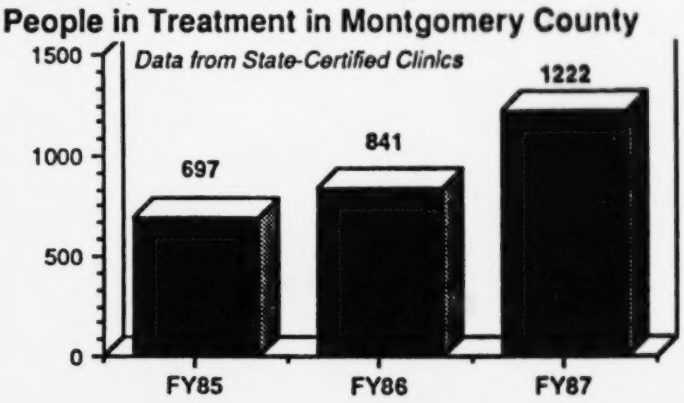

FIGURE 3

The Impacts: Substance abuse is imposing huge economic, social, safety, and health costs and is straining public resources through its burdens on the criminal justice and treatment systems.

- Experts estimate that, in some fields, as many as half of the on-the-job accidents and a significant amount of employee absenteeism are related to substance abuse. The economic loss in Montgomery County in terms of health care, sick days, loss of productivity, and theft has been estimated to exceed $275.6 million annually. Nationally, the economic costs of substance abuse by the workforce are estimated at more than $136 billion annually.

- Young adolescents are being recruited by drug dealers to work in the drug trade. Some youths, not discouraged by criminal risks, are tempted to make big money selling crack instead of earning the minimum wage at fast-food restaurants and other legitimate jobs.

- Children whose parents are substance abusers are at a higher risk of becoming substance abusers themselves.

- The untreated substance abusers ages 20 to 40 are the parents, future parents, aunts, and uncles of the children in the county. When they abuse illicit substances or alcohol, they make it more likely that children will follow their example.

- The success of law enforcement in catching drug users and dealers is resulting in strains on the treatment programs that serve low-income people who lack insurance. And the whole family's financial status is affected when the wage earner enters treatment. Sometimes the prospect of lost wages discourages an individual from seeking help.

- With the increasing numbers of intravenous drug users infected with HIV -- the AIDS virus -- in Montgomery County comes the risk of transmittal of the AIDS virus across a wider population.

- The security of people who do not abuse alcohol or other drugs is affected by the traffic accidents, assaults, robberies, and burglaries committed by people "under the influence." In addition, the nonusers pay the costs of the medical bills, the property damage, and the property losses resulting from these accidents, assaults, and thefts. They also pay most of the taxes for the criminal justice efforts and the publicly funded treatment programs.

- While enforcement has been greatly intensified and expertly executed, consuming at least 75% of the Washington metropolitan area's anti-drug expenditures, the drug crackdown has not yet reduced drug use, states the Rand Report.

Impacts: Some Perspectives

Drug and alcohol abuse has had major impacts on a variety of systems in Montgomery County. The following profiles illustrate common situations that result from substance abuse. While they are composites, they reflect real experience and are based on fact.

- **Police.** In a small community in upper Montgomery County, drug sales involving $10 bags of "crack" cocaine occur in an open-air market off the street. Concerned residents of this community have alerted the police to this situation. As a result, jump-out squad officers have made many arrests. For one week following this crackdown, residents were relieved that the open exchange of drugs had stopped. The next week, however, new activity began, as another open-air market appeared two blocks away.

- **State's Attorneys.** Arrested by police last Wednesday and released on bond, Kathy stands trial in Circuit Court for possession with intent to distribute cocaine and PCP. Like many other offenders, Kathy uses drugs and also sells them to support her habit. Police confiscated $300 along with the drugs. States attorneys allowed Kathy to plead guilty to a felony charge of possession with intent to distribute. They also agreed to reduce the maximum period of incarceration to two years "state time." The judge will determine the actual incarceration time. The volume and complexity of drug cases has caused the State's Attorneys office to establish a special Drug Team that has the sole purpose of prosecuting drug offenders.

- **Corrections.** Miles is a convicted drug dealer in need of residential treatment services. The large number of substance abusers currently incarcerated, coupled with the shortage of residential treatment services, means that Miles must serve time in the Detention Center until a treatment slot is opened. The Detention Center is not a residential treatment center. This situation represents a sentencing problem for the courts and creates a population problem at the Detention Center.

- **Treatment.** At a well-known private addiction treatment unit in a local hospital, patients receive care related to the abuse of a variety of substances, including alcohol, PCP, cocaine, and heroin. Roughly half of the unit's 42 beds are for rehabilitation, while the rest serve those needing detoxification. The unit has been operating at 98% to 100% capacity for more than a year and has a large waiting list for rehabilitation beds. Risks of relapse increase as patients await rehabilitation beds. Hospital officials are unsure when this newest wave of substance abuse patients will cease.

- **Health.** The growing number of intravenous drug users infected with the AIDS virus has made it necessary for the Department of Health to seek funding for a full-time Program Assistant position in the AIDS Program to work with this high-risk population group.

- **Social Services.** Due to the substance abuse problem in Montgomery County, increased numbers of children are in foster care situations. Hospitals are also beginning to report to Protective Services an increasing number of babies being born addicted to drugs. Moreover, there has been more contact to Social Services from mothers and children who are withdrawing from drugs. The full impact of drug and alcohol abuse places a tremendous strain on both the family and the foster care system.

Highlights and Conclusions

- There is a severe and increasing substance abuse problem, particularly crack cocaine and alcohol abuse by all ages, in Montgomery County despite increased enforcement.

- The problem affects everyone, not just youth. The largest group with substance abuse problems reflects the largest demographic group in the county. This is the 20 to 40-year-old working population, from all social, ethnic/racial, economic, and cultural backgrounds.

- Juvenile alcohol use, which is illegal, remains at an alarmingly high level, 20% higher than the national average. Three of every five 8th graders and four of every five 12th graders use alcohol currently or often.*

- The rate of positive blood tests for HIV among intravenous drug users has increased rapidly, indicating a need for outreach, education, and changes in the behaviors of these high-risk individuals to reduce the further transmission of the AIDS virus.

- Communities with high rates of drug-related crime activity are creating increasing demands on county resources, including police, prosecutors, corrections, and treatment services.

- Substance abuse is causing Montgomery County economic losses estimated at $275.6 million annually in health care, sick days, loss of productivity, and theft.

- The substance abuse problem is so pervasive that it is likely to worsen the stress on the criminal justice and treatment systems without a strengthened commitment to prevention efforts.

- Our picture of the extent of the problem is partial, because there is no uniform method of reporting information and no household survey data are available.

** The terms "currently" and "often" refer to self-reported use ranging from once a month to once or more per day (See Appendix F).*

Chapter 3

Committee Reports

The three committees each met during July to identify target groups, define objectives for prevention efforts, generate prevention strategies, and develop recommendations to present to the full Task Force. This chapter describes each committee's work and summarizes its recommendations.

Part One

Business Committee Report

Background

Before the first meeting of the Business Committee, the Chairman changed the structure and invited each Chamber of Commerce in the county to send a member as a resource representative. The committee also added the owners of two small businesses and one mid-sized business.

The Committee encouraged the resource representatives to take part fully in the discussions. They also received all mailings to the Task Force. In addition, they were invited to attend and take part in the full Task Force meeting of August 8, although only Task Force members were allowed to vote on official Task Force items. The Committee received valuable input from its resource representatives and appreciates their time and expertise.

The Committee met on July 11 and July 28. It quickly came to agreement on the target group, proposed strategies, and a plan of action to recommend to the County Executive.

Attitudes of the Business Community. The Committee used the 1988 survey conducted by Business Against Drugs, Inc. to assess the level of interest and the possible receptiveness of the business community to conducting prevention activities.

The B.A.D., Inc. survey, conducted among members of Chambers of Commerce in Montgomery County, had the following results:

- A majority of business owners responding to the survey felt that they would consider it a major problem even if 1% to 5% of their employees were abusing alcohol or other drugs.
- A majority of businesses would welcome guidance and support in developing prevention programs for their employees, by having written materials, seminars, and videos provided to them.
- Although most businesses do not currently have insurance to cover treatment costs, a majority of midsize and large businesses responding said that they prefer to counsel rather than terminate their employees with substance abuse problems.

Not all businesses recognized that substance abuse is a problem in the workplace. The B.A.D., Inc. survey reports that 28% of the businesses responding would not consider substance abuse a problem until one-fifth of their workforce was affected. This is part of the problem of denial that exists in all segments of the population. The Business Committee is aware that an early focus of any prevention effort should be the education of businesses that substance abuse causes employee absenteeism and reduces employee productivity levels.

Basic Principles. A public/private partnership is the core of the many prevention strategies brainstormed by the Committee. Many of the proposed efforts could be carried out using existing resources, such as Business Against Drugs, Inc., to coordinate efforts directed to businesses. The Committee felt that current efforts should not be duplicated. Instead, the focus should be on expansion of the existing structure and services.

Target Group.

At its initial meetings the Committee recognized that the largest numbers of substance abusers are adults, particularly those ages 18 to 40. The Committee reached a consensus that the workplace is the ideal place to begin providing prevention programs, for the following reasons.

- Most adults in Montgomery County work; the county has less than 3% unemployment.
- Adults in the workplace are a "captive audience" and spend most of their waking hours at work.
- If the employer places emphasis on prevention, employees have an incentive to listen, since their paychecks may depend on it.
- Employers have an incentive to provide prevention activities, because employee substance abuse costs employers money in absenteeism, on-the-job accidents, and losses in productivity.
- It is cost effective to get businesses to provide substance abuse prevention efforts to employees.
- Prevention programs provided to employees can affect their own habits and can also affect their children, who are the potential drug abusers of the future.

The businesses represented also felt that business involvement in substance abuse prevention will set a good example in the community.

Objective.

The Committee's objective is to mobilize businesses to implement drug and alcohol awareness and education programs in the workplace.

Strategies.

The Committee recommends a three-pronged prevention strategy.

I. Government needs to help businesses develop workplace prevention programs by providing materials, technical assistance, and coordination. In addition, enlist intermediary groups such as COG (Council of Governments) and B.A.D., Inc., to reach their constituencies. Activities would include a media luncheon, the development of a CEO (Chief Executive Officer) kit, and a letter from the County Executive to every business, asking for support for the prevention efforts. The Committee also believes that the county needs an Office of Substance Abuse Prevention to expand on prevention activities and to act as a coordination and support mechanism to the business prevention efforts.

II. Form or adopt drug policies in all businesses. These policies would set positive expectations, specify the adverse health impact of substance abuse by employees, and provide processes, services, and resources. They would also increase the awareness of employers and employees of the importance of this issue.

The county would take the first step in this process, by setting a strong policy for county government employees and thereby serving as a model. Businesses need to be shown how to develop a policy. Some technical assistance to businesses may also be necessary.

The Committee also suggests a B.A.D., Inc. event: a 3-day seminar to provide the information businesses need to develop policy, together with presentations from employee assistance programs, insurance and treatment information, literature and posters for pick up, and networking with experts.

III. Establish mechanisms to support and sustain an ongoing prevention effort. These mechanisms must be an integral part of the prevention plan and must coordinate, monitor, and evaluate prevention efforts. To support these efforts, a household survey should be done immediately to serve as a baseline. It should be repeated annually to evaluate progress.

Prevention is a process of changing attitudes and behaviors. It is inherently a slow process that requires a long-term commitment. Recent experience with the anti-smoking campaign proves that attitudes and behaviors can change if a continuous, persistent approach is used.

Other Recommendations.

The three prongs of the approach described above should be started concurrently. In addition, the Committee has the following broad recommendations for the County Executive.

1. The county needs to establish baseline data on the extent of the problem, in order to quantify the problem and the target populations, as well as to aid in the evaluation of program effectiveness.

2. The County Executive needs to send a strong message to all citizens that substance abuse will not be tolerated in the county.

3. Any effort must be coordinated, monitored, and evaluated.

Cooperative Effort Needed. The Business Committee believes that the business community will be receptive to starting a workplace prevention campaign, but this effort must be planned and coordinated by the County Government. The Committee also feels that the county should provide support and guidance to individual businesses. This includes a central office to support business, train employers, emphasize county leadership and financial benefits to business, and lobby for financial incentives, e.g. lower insurance rates.

The Committee does not believe that the county should do everything, however. It recommends that the county establish a creative public/private partnership that uses many segments of the community, including universities and religious organizations as well as businesses. The Business Committee feels that the business community will want to be an active participant in this process.

Part Two

Community Committee Report

Background

The Community Committee met three times in July to select target groups, develop an objective, and decide on strategies to meet the objective. Committee members reflected the diverse segments of the county's population and represented a whole continuum of experience and perspectives related to substance abuse prevention efforts. Committee members represented the Montgomery County Public Schools, the Montgomery Civic Federation, religious groups, county government agencies, and the Montgomery County Council of Parent Teacher Associations.

At Committee meetings some members said that they would like more time to explore and receive education on the extent of the problem, especially as it relates to school-age children, families, and people over 40 years old.

At the August 8 Task Force meeting, the Committee co-chairs asked that the Committee be given at least a 3-month time extension so that it could be restructured into four subgroups: religious, civic, school-age children, and service organizations. The subgroups would meet separately during the autumn of 1988, would gather information and recommendations related to their subgroups, and would meet together in November to develop more refined strategies.

Five basic concerns emerged during the Committee's discussions. First, the number of families experiencing substance abuse is the true indicator of its extent, so substance abuse's effects on families should be a major focus. Second, children should be the primary target for prevention efforts. Third, people's efforts to survive and prosper have led to value changes and the loss of many life skills that formerly prevented substance abuse. Fourth, many Committee members disagreed with the majority view that adults should be targeted for prevention efforts. Instead, they said, adults aged 20-40 should be targeted for more treatment programs. Fifth, some Committee members believed that we need to continue to improve attitudes to recognize and address prevention needs in some schools, and that the Superintendent of Schools should continue to be supported in efforts to maintain drug-free schools.

Target Group.

After extensive discussions, the Committee selected adults ages 18-40 as the main target group, in large measure because of the impact of this group on family formation and role modeling for children as parents or relatives.

Although the committee initially chose six target groups, it consolidated the targets into three. The six initial groups were school-age children both in and out of school, single adults age 18-40 without children, parents at home, working parents ages 18-40 and college educated, working parents age 18-40 with no college education, low income/underemployed minorities or non-minorities, and non-English-speaking underemployed. The three final targets were school-age children, adults 18-40, and persons 40 or over.

Further discussion led to the conclusion that many adults in age 18-40 do not know where to turn for help for themselves or their relatives, are heavily into denial, and are often the role models for children and youth. Thus, the majority decided that adults 18 to 40 should be the immediate target group, but that future work should consider school-age children and people over 40 years of age.

Objective

The Committee objective is to provide an awareness of the problem of substance abuse and to try to break the denial syndrome of the target group.

Strategies

The majority of Committee members agreed on the following three strategies to reach the target group:

I. Conduct a broad-based information campaign. This campaign should not be limited to the major newspapers and radio and television stations that cover Montgomery County. It should also include civic association newsletters, radio programs, and informal communication methods to reach the grassroots.

II. Develop an inventory of existing prevention programs and activities in the community. Conducting this effort is a way to quickly educate and involve many segments of the community in the substance abuse prevention effort. The Care Center was cited as an example of a program that is supposed to be a high-profile clearinghouse, but that is not yet familiar to many in the community. Getting community groups involved in reviewing and publicizing the Care Center services is seen as one way to let the community know where to find the resources on substance abuse prevention.

III. Conduct gatekeeper awareness training. The "gatekeepers" are people in a position to influence a large number of people. Training the gatekeepers will enable them to do training of their constituencies.

All three strategies should include a multicultural approach, taking full advantage of the county's Office of Minority and Multicultural Affairs.

Other Recommendations

Throughout the Committee's discussions, many ideas surfaced regarding how various prevention strategies could be carried out and evaluated. Many of these ideas were based on the site visits, the background data provided by the staff, and the committee members' own experiences and training. The group did not formally vote on these ideas or discuss their timing. However, they felt that the Task Force could consider the ideas at a future date.

- Conduct a household survey to establish baseline data and to provide periodic updates to permit evaluation of prevention efforts.
- Encourage the Board of Education to continue its strong substance abuse policy, adopted in the 1970s.
- Community groups and the county Recreation Department should sponsor social programs or activities that include a message regarding substance abuse prevention. The business community should also be encouraged to provide drug-free, drop-in centers or canteens with adult supervision.
- The religious community in the county should come together and make a joint, public commitment on substance abuse prevention, followed by agreement on an action plan.
- The Housing Opportunities Commission (HOC) should provide substance abuse awareness training to its staff so that they can present prevention programs at HOC sites.

- Funding should be increased for the county Recreation Department so it can provide expanded programs as alternatives for youths at high risk of becoming substance abusers.

Part Three

Government Committee Report

Background

The Government Committee met twice (July 11 and July 28) at the Montgomery County Department of Addiction, Victim, and Mental Health Services in Rockville to meet the goals set down by the County Executive. The group, which included a cross-section of the various county agencies as well as other organizations in the county, was composed of 13 Task Force members as well as a number of resource representatives.

The Committee members included representatives from the Department of Addiction, Victim, and Mental Health Services, the Criminal Justice Coordinating Commission, the Montgomery County Drug Abuse Advisory Council, the Department of Police, the Department of Social Services, and others.

The Committee members represented a wide variety of experiences in their areas of expertise in the county. Many of the members had been involved in a variety of interdepartmental task forces and anti-drug initiatives within county departments over the years and brought their concerns and solutions forward.

During the course of its two meetings in July, the group was quick to delineate the issues surrounding drug and alcohol abuse prevention. Group focus and consensus was achieved in a general sense both in identifying target groups and in working through the issues surrounding effective prevention.

Target Group

The Committee decided to focus on three target groups. Identifying these targets does not mean to imply that they are the sole problem areas. These targets are to be used in planning initial strategies. Others will be considered during the remainder of the Task Force efforts. The three targets are:

1) parents of young children from 0 to 12 years of age;
2) young adults ages 18 to 29, including semiskilled employed and unemployed workers; and
3) communities with a high incidence of drug-related crime activity.

The Committee initially identified a large number of high-risk groups. These included teenage mothers and fathers, semiskilled or unskilled wage earners receiving no benefits from their jobs, people on Aid to Families With Dependent Children (AFDC), and transients in county parks. Additional groups included parents of youth who use alcohol and children of drug abusing parents. Further groups were drunk driving offenders, repeat "jump out" offenders in open air markets, people economically dependent on drugs, people socially dependent on drugs, and recreational users. The Committee blended various subgroups to develop the three broad target groups.

Objective

An objective was developed for each target group.

I. Parents of young children ages 0-12. The objective for this group is to influence attitudes by providing information and generate awareness about the impact of drug and alcohol abuse, including the detrimental effects of parental use on children.

II. Young adults ages 18 to 29, including semiskilled employed and unemployed workers. Awareness activities directed to this group would aim to help establish a positive identity with non-drug and non-alcohol abusers.

III. Communities with a high incidence of drug-related crime activity. The main goal is to conduct community organizing to change community attitudes, thereby empowering citizens to regain their communities from the scourge of drugs.

Strategies

Strategies were proposed for each of the target groups.

I. Parents of young children ages 0-12. Strategies should include creating or building on natural tie-ins such as kindergarten round-up in the schools, "well baby clinics," or the Women, Infants, and Children (WIC) program operated in the county Health Department. Other efforts would include adding a drug/alcohol component to Recreation Department classes, using day care providers to transmit prevention messages to parents of young children, and involving physicians (obstetricians) and hospitals in increasing drug and alcohol awareness among young parents.

II. Young adults ages 18 to 29, including semiskilled employed and unemployed workers. Certain occupational groups, including seasonal workers like road crews and landscapers, as well as other groups who don't receive fringe benefits from their employment, would be prime targets for prevention outreach. This is the group most often arrested for drug violations and found in publicly run treatment programs. Specific actions would include the County Executive's articulation of a county policy on drug and alcohol abuse, using the mass media,

including county-owned cable programming. Additional measures would include prevention messages in county-owned mediums such as Ride-On buses and liquor stores. Bars could also be used to transmit prevention messages, as could paycheck stubs and bumper stickers. The county government could also provide consultation on prevention and treatment to small businesses that lack employee assistance programs.

III. Communities with a high incidence of drug-related crime activity. Police have estimated that 12 to 15 of these markets are located around the county. The Committee believes that "old fashioned" community organization efforts could be very effective in eradicating this open exchange of drugs. To accomplish this, the County Government should provide usable, permanent outreach using a variety of county resources. These would include the Department of Police, the Department of Social Services, the Department of Health, the Department of Recreation, the Department of Family Resources, and the Department of Addiction, Victim, and Mental Health Services.

Through a coordinated effort, government could identify and reach community stakeholders and opinion leaders who are in a position to influence other people in the community. The concept of a "one-stop shop," through which a variety of services could be delivered using an interagency approach was suggested. These outreach efforts would help identify and surmount existing barriers to treatment.

Other Recommendations

A theme arising in the Committee discussions was the need to form an office within the County Government through which prevention programming and evaluation could be achieved. The Government Committee did not investigate the details of the proposal, but it felt that prevention efforts need higher visibility in the county government.

The Committee also generated the following additional ideas regarding target groups.

- A major target group is made up of adults age 20 to 40 whom police find to be frequent offenders involved in both use and drug trafficking. Youth are no longer the sole targets of the police, as the last 6 years have shown some encouraging signs of decreased involvement of youth in the criminal justice system.
- Caseworkers from the Department of Social Services are aware of an increasing incidence of substance abuse by families in their programs.
- In the view of some Committee members, youths rather than adults should be the main target of prevention efforts.
- The adequacy of school programs should not blind us to the needs of those who drop out of the schools or do not go on to higher education. This group no longer receives systematic education about prevention or about the effects of substances on the body.

- Individuals who are clearly economically dependent on drugs seek no other means of support and may lack job skills.
- Individuals who are socially dependent on drugs use illegal substances and alcohol "to be cool" in peer relationships.
- "Recreational" use of illicit drugs is not safe and is totally unacceptable despite the varied motives for use. Because of the increased potency and highly addictive nature of many substances, such as crack cocaine, addiction may occur with as few as one or two uses.

Note: Additional strategies generated in committee brainstorming sessions are listed in Appendix D.

Chapter 4

Recommendations

This chapter presents the recommendations of the Task Force to date. We view these as the first steps towards a comprehensive prevention strategy for the community. In addition, we emphasize that this interim report is a starting point, not our final analysis. Thus, we expect to add to this list of recommendations as we further define targets, objectives, and long-term strategies. In other words, the majority of our work is still ahead of us.

The recommendations vary in their direction, their timing, and their specificity. Where the Task Force feels confident in presenting specific recommendations for specific actions, we have done so. In other areas, the recommendations are more general. The more general recommendations represent directions that the Task Force would like to see the county take in preventing substance abuse. The Task Force intends to pursue these general recommendations further by working to define programs that are realistic in scope and goals.

This chapter has five sections. The first discusses the key population groups that the Task Force wants to target for prevention, together with the rationale for that targeting. The next two sections summarize the prevention principles the Task Force used and the prevention strategies it considered. The fourth section presents the Task Force recommendations for short-term and long-term strategies. The fifth section briefly discusses the resources that can be tapped to carry out these strategies.

Targets

Like many other serious social and health problems of our time, the drug problem is not characterized by a single symptom or effect. Instead, drugs affect people in this community in many different ways. Parents worry about their children and wonder to what extent they are being exposed to or trying alcohol and other drugs. Employers do not know if drugs are creating an inefficient or unsafe working environment. Law enforcement officials work to uphold the drug laws as well as to address the additional criminal activity that drugs and drug trafficking create.

As members of the Task Force, we acknowledge the broad general threat that drugs pose to our society. As individuals representing different groups and organizations, we also have particular concerns. One common concern, however, is the importance of addressing prevention activities toward children and youth.

Thus, the Task Force recommends a focus on two main targets:

1. Families with preschool and school-age children.
2. Communities with a high incidence of drug-related crime activities.

Families with preschool and school-age children. The Task Force recommends that prevention efforts initially target the families -- the parents and the children -- of our community. We have several reasons for this recommendation.

- It is clear that large numbers of adults ages 18 to 40 are currently abusing substances. Many of these individuals are parents. Their substance abuse affects all members of the family. The children of substance abusers are at an added risk of abusing substances themselves. Discouraging continued use by adults addresses one problem of the present, and we hope, will reduce the problems we face in the future.

- The lack of positive role models was a common theme cited by many of the young substance abusers who addressed the Task Force. We feel that it is appropriate for all members of this community to work together to enable parents to become more effective role models.

- The Task Force recognizes that the decision to experiment with drugs or alcohol is often made at a young age -- around 12 to 14 -- and even younger in many cases. Currently, a large proportion of the pre-teens in Montgomery County are reached with prevention education in the public school curriculum. However, parents do not currently receive education on how to reinforce these prevention messages. In addition, no single prevention effort can be fully effective. The targeting of families is one method of accomplishing the goal of reinforcing the messages that youth receive already.

- Children need to be reached in two ways. First, they need to have existing efforts in the schools. Second, they need the programs extended into the community. In addition, it should be noted that peer-to-peer programs that have demonstrated success should be undertaken.

Communities. The Task Force also recommends that some prevention efforts be targeted geographically. We recommend particular attention to the neighborhoods that surround the areas with a high incidence of drug-related crime in our county. We have two main reasons for this recommendation.

- In these areas, the population risks not only substance abuse, but also the crime and violence that are often associated with these markets.

- Although law enforcement efforts can deter some of the drug use and trafficking in these areas, prevention represents the long term hope for reducing the demand for drugs.

In identifying targets, the Task Force does not mean to imply that prevention strategies should disregard people outside these two main categories. Nor should prevention strategies treat families or neighborhoods as monolithic units. For example, a prevention program provided to employees in workplaces reaches only the employees directly, but it also reaches their other family members indirectly.

The Task Force also notes that every strategy must recognize that Montgomery County is composed of a variety of multicultural and multiethnic groups. Program planners should take full advantage of the county's Office of Minority and Multicultural Affairs. Recognizing the diversity of our population will increase the numbers of people receiving these important programs.

Basic Principles of Prevention Programs

As discussed in detail in the introduction, the strategies developed by the Task Force rest on the following basic principles and assumptions about effective prevention programs:

- A major component of prevention is the process of changing attitudes in order to change behavior.
- Prevention must address the denial of the problem.
- The implementation of any prevention strategy requires formal systems of coordination, monitoring, and evaluation.
- Role modeling is an important issue with respect to adults, parents, and peers.
- Education is the most frequently cited means for conducting prevention efforts.
- The media must be involved with any strategies undertaken.
- The implementation of any prevention strategy should be accompanied by formal monitoring and evaluation.
- The County Executive should play a visible leadership role.

Strategies Considered

The recommendations from the Committee reports summarized in Chapter 3 formed the basis of the strategies that the Task Force considered for recommendation to the County Executive. The following 11 strategies were considered, and each Task Force member could list additional recommended strategies.

1. Comprehensive information and media campaign; prevention messages in a variety of contexts.
2. Inventory of prevention resources.
3. Identify gatekeepers and community stakeholders and provide awareness training.
4. Education for employers, government consultation to small businesses.
5. Drug and alcohol policy formulation by employers.
6. County Executive Substance Abuse policy.
7. Develop an enhanced infrastructure in County Government to provide sustained, coordinated community prevention strategies.
8. Government outreach, using "One Stop Shop" interagency in high-risk communities.
9. Build on natural tie-ins: e.g. drug and alcohol classes in recreation programs; day care providers; physician offices.
10. Conduct a household survey.
11. Study impact on government of prevention strategies.

From this list, each Task Force member picked five short-term priorities and five long-term priorities. *(See Appendix E).* Based on the selections, the Task Force proposes the following interim recommendations for consideration by the County Executive.

Recommendation for Both the Short Term and the Long Term: Identify and Train Gatekeepers and Stakeholders

The strategy most often cited by Task Force members as a priority for both short-term and long-term implementation is the **identification and awareness training of gatekeepers and community stakeholders.** The gatekeepers and stakeholders are the leaders and individuals who come in regular contact with a larger group and have influence in the community.

The Task Force feels that enlisting the involvement of these key community members in substance abuse prevention should be a major focus of county prevention efforts. Many of these individuals can be readily identified through formal institutions like the religious organizations and civic associations in which they are leaders. Others are informal leaders with influence in their communities that is recognized through established networks or their stature in the community.

By reaching out and educating these individuals, we hope also to reach the larger groups they represent and affect. Educating these individuals about substance abuse prevention will spread prevention messages and activities to wider community blocks, raising their awareness and empowering them to assess and confront drug and alcohol issues.

Short-Term Recommendations

The Task Force recommends four short term strategies. We believe that these recommendations can and should be acted upon quickly.

- **Establish a County substance abuse policy**. The Montgomery County Government, as a major county employer, should set an example by establishing a substance abuse policy for its own employees. The County Executive should clearly articulate the county's expectations regarding drug use, the action to be taken in response to identified abuse, and the type of support employees with substance abuse problems can expect.

  Three goals of such a policy are
  1) to help employees with drug and alcohol problems find treatment,
  2) to follow up during recovery and rehabilitation, and
  3) to provide support in helping them remain drug free.

  As an employer concerned both with the well-being of its employees and with performance and safety in the workplace, the County Government should establish a specific substance abuse policy.

- **Prepare an inventory of prevention resources.** The Task Force recognizes the necessity of assessing the resources already available in the community for preventing substance abuse. We believe that many groups and organizations will be willing to work on drug and alcohol abuse prevention campaigns, but are unaware of the existence of resources and expertise. For example, grassroots groups may already have small programs in place, but these programs have yet to come to the attention of others interested in taking part or who want to replicate successful community efforts in their own neighborhoods.

  Thus, the Task Force recommends that the County Executive take the measures necessary to make a comprehensive assessment and to disseminate the results broadly. This inventory, which should be computer-based to permit constant updating, would prove a valuable resource in beginning to coordinate the various substance abuse prevention efforts in the community. The inventory could augment current state efforts under way through the University of Maryland. The inventory would also provide an opportunity for the various groups working against drugs to learn from each other's experiences. Finally, the inventory will bring to light new information as the county works towards a comprehensive substance abuse policy.

- **Conduct a comprehensive information and media campaign.** The Task Force recommends that the media that serve the county be encouraged to improve the quality and quantity of substance abuse information communicated to residents. The media should include civic, school, and other newsletters serving groups and communities, as well as media serving the whole county. In addition to transmitting prevention messages, the media should be urged to supply information regarding community resources and treatment systems. An initial step should be raise the community's awareness of the services provided by the Care Center. Creative uses of the media could also be used to target some of the non-English speakers in the county.

  The effectiveness of "one-shot" messages is certainly questionable, but the Task Force suggests that the principles of modern advertising be applied to communicating messages. The Task Force is not recommending that a media campaign be launched without regard to other activities, however. The messages sent via the media should not dilute or conflict with other prevention efforts. An appropriate use of the media would be to reinforce other prevention programs in both the timing and the content of messages.

- **Develop an enhanced coordination infrastructure in the County Government.** Prevention is a process of changing attitudes and behaviors. It is inherently a slow process that requires a long-term commitment. We feel that a mechanism needs to be in place to coordinate, monitor, and evaluate the county's prevention efforts. Most of the Task Force recommendations require the development or search for prevention materials, the coordination of diverse efforts and parties, and a monitoring and evaluation capability. The Task Force recommends that the infrastructure be created or designated to perform these tasks.

This structure would offer support and guidance to community and business groups. It would also maximize the effectiveness of efforts by different groups.

Long-Term Recommendations

The Task Force recommends the following long-term strategies towards preventing substance abuse in the two target groups described above. We recognize that these strategies must be implemented in stages to be effective. Each recommendation also identifies the initial steps that the county must take in the short term.

- **Educate employers and help them develop drug and alcohol policies for their workplaces.** The preliminary information from the B.A.D., Inc. survey indicates that employers in Montgomery County are receptive to the development of substance abuse prevention programs for workplaces. However, many area employers are uncertain about how to undertake this effort. As a long term strategy, the Task Force recommends that the county determine what information is available and how to transmit this information to the employers. In addition to identifying resources, the county needs to begin raising the level of awareness among employers and impressing upon them the need to address the issue of substance abuse. The Task Force recommends a direct appeal from the County Executive to kick off this public/private partnership.

  The objective of this strategy is to encourage all county employers to have at their disposal at least the basic information about how to recognize a possible substance abuse problem and where to refer an employee with a problem. This information is especially important to smaller employers that do not have formal employee assistance programs. The county should also encourage employers to develop specific substance abuse policies.

  Developing a substance abuse policy for Montgomery County employees is the logical first step in this effort. It would provide both leadership and a model showing the components of a sound policy. To sustain this long-term effort, the county must be committed to providing the leadership, the coordinating support, and the drug prevention expertise that the business community does not possess.

- **Conduct outreach in high-risk communities.** As a second long-term strategy, the Task Force recommends that the County Government reach out to the communities that have lost their neighborhoods to the drug dealers who operate openly. To successfully eradicate this open exchange of drugs, the Task Force recommends "old-fashioned" community organizing to empower the citizens who are forced to live near drug markets.

  An effective approach is an interagency strategy that marshals the existing resources of law enforcement, social and health services, and the recreation department. The concept of a "one-stop shop" whereby a

variety of services could be delivered into these neighborhoods, represents an example of how such an interagency approach can be implemented.

Through a coordinated and concentrated effort, government could identify and work with the opinion leaders who are in a position to influence other members of the community. A heightened County presence in these communities may also have the side benefit of reducing some of the barriers to obtaining other County services besides substance abuse treatment. This strategy has a long-term scope, because the outreach model must be developed, implemented, and sustained over time to have an impact.

- **Build on natural tie-ins.** The Task Force recommends that the county build on the natural foundation of existing programs, which already come in contact with the people of the community. For example, kindergarten round-up, "well baby clinics," and the WIC (Women, Infants, and Children) program operated by the Health Department would be useful vehicles through which to supply parents with substance abuse information. Programs like School-Community Action Teams are also possible vehicles that are already in existence. Other possibilities include using regular parent programs in the public schools, Recreation Department classes, day care providers, and medical institutions as conduits to reach the target audience. While materials must be supplied to these groups for them to distribute, much of the structure is currently in place.

Resources

During our meetings and discussions, many of us have had to expand our original perceptions regarding the resources that are available to fight the problems of drugs and alcohol in our community. Although it is often easiest to think of resources in budget terms, it is important not to stop there. The past experience of Montgomery County community prevention efforts has shown that a great deal can be accomplished by motivated people with a relatively small amount of funds, provided either publicly or privately. Businesses Against Drugs, Inc. (B.A.D., Inc.) is one example. Taking inventory of prevention resources, as described above, is the starting point for assessing this potential.

In addition to donated time, donated services must also be considered as potential resources. These services may range from an offer by a local small business to print materials for a prevention activity to consultation by private treatment professionals regarding the efficacy of potential projects. Moreover, two advisory bodies, the Drug Abuse Advisory Council and the Alcoholism Advisory Council, already exist. Their guidance should be sought. Local foundations or federal sources could also be approached if the county can develop a pilot program that could be funded as a research project. Finally, the county should look beyond its borders and learn from the experiences of neighboring jurisdictions in this region.

The Task Force agrees that a certain share of public funds should be committed to substance abuse prevention. Money spent on prevention is a good investment. The Task force did not discuss what that amount should be, however.

In summary, the Task Force urges that resources be thought of in the broadest possible terms. It also emphasizes that the commitment must be a long-term one if the prevention efforts are to succeed.

Chapter 5

The Future Considerations of the Task Force

Introduction

The Task Force was appointed to work for 1 year, with its interim report to be presented on September 22, 1988. Although the Task Force members have been meeting intensely and conducting site visits from June to September, the interim report does not adequately cover several issues raised.

This section summarizes the issues that require further discussion. It also reviews options for completing the work of the Task Force.

Issues

Goals. A very important issue that the Task Force's final report (due June 30, 1989) must cover is the idea that our prevention activities should have some goals. If the Task Force can collect adequate data, it can present a futuristic look at what will happen if established prevention goals are not met. The Task Force must also look at ways to work long-term strategies into the ongoing short-term programs supported by government agencies, businesses, and the private sector.

Household Survey. A great need exists to improve data collection to help the Task Force and others interested in drug abuse prevention. Household surveys, school student surveys, and other types of data must be regularly obtained and improved. The Task Force agrees that accurate data are essential to evaluate, monitor, and promote prevention programs in the proper mix and with the appropriate emphasis on various interest areas.

Resources. The Task Force also believes that new sources of county and state resources may be needed in several areas. For example, it is obvious that new resources will have to be sought and that government, foundations, and businesses must be asked to take part in efforts to get the resources to carry out any of the long-term strategies.

Schools. The Task Force members acknowledge the important role that schools have in the prevention of substance abuse in youth. The Task Force plans to look at how the schools are handling prevention education and how the efforts of the schools can be incorporated into overall prevention planning.

Regional Impacts. The regional and geographic impacts of various kinds of prevention programs also need consideration. Media-oriented information programs will certainly affect the surrounding local jurisdictions. This means that the Task Force must suggest joint efforts and cooperation in prevention activities, so that the county can better plan and coordinate with other governmental jurisdictions.

Cooperation. To the extent that law enforcement is a deterrent and therefore a prevention force with respect to drug use and sales, a great need exists for regional cooperation. The Task Force is aware that cooperation now exists, but there is room for improvement on all issues dealing with enforcement, education, and treatment as well as prevention. These aspects of the substance abuse problem are all interrelated.

Tobacco. Some Task Force members believe that tobacco is a gateway drug to substance abuse for many people. Whether to incorporate tobacco use in prevention efforts recommended in our report may be considered.

Intravenous Drug Use. Intravenous drug use is known to be one of the major ways that the AIDS virus is spread. Although Montgomery County does not have a large number of persons diagnosed with AIDS, the Task Force expects that the numbers will grow in the near term and that they will dramatically affect public health programs and expenditures. Prevention efforts must be directed toward intravenous drug use and other high-risk, AIDS-transmitting activity, to stem the spread of this disease.

Grassroots Involvement. The Task Force recognizes the need to involve the grassroots groups such as neighborhood civic associations, religious organizations, business groups, labor groups, and others, especially our children, in substance abuse prevention. The planning process for long-term strategies must involve our children, because experience has shown that when we make concentrated efforts to listen to them, we can provide opportunities for alternatives to substance abuse. These efforts will consume much time and will require repeated efforts in most of the county's geographical and organizational areas. In addition, these efforts to involve citizens will probably raise additional issues that must be addressed.

Monitoring and Evaluation. While the Task Force will be able to deliver an action plan for the future, this plan must be continuously monitored and evaluated. As time passes, new emphasis will be needed on areas of growing involvement where successful programs of prevention positively affect outcomes.

Infrastructure. The Task Force members generally agree that all its recommendations and action plans cannot be carried out over a long term or implemented in the short term unless an overall infrastructure supports the daily, weekly, and monthly activities that will harness all the various segments -- government agencies, businesses, citizens' organizations, religious groups, and others -- to interact and network effectively to deliver a variety of prevention messages to targeted groups and to perform a broad array of prevention activities. Thus, the Task Force suggests that the County Government place a high priority on developing a mechanism to assist government cooperation with the private sector.

Advisory Councils. The county law has already established two advisory councils: The Alcoholism Advisory Council and the Drug Abuse Advisory Council. The Task Force may want to address how better to use these resources to improve the coordination of all available resources in substance abuse prevention.

The Future

The Task Force views a long-term commitment as essential to effective prevention efforts in the county. The future activities of this Task Force include the completion of its examination of the critical areas discussed here and the establishment of the groundwork for a system to provide sustained interest and attention to prevention programs. In this way, prevention can take its rightful place in the efforts to deal with a serious problem in our county.

Appendix A

Task Force Members

and their organizational affiliations

William H. Jones, Potomac Electric Power Company; Chairman

Wanda Robinson, Gaithersburg and Upper County Chamber of Commerce; Chair, Business Committee
Peggy Erickson, Montgomery County Civic Federation; Co-Chair, Community Committee
Edward Masood, Montgomery County Public Schools; Co-Chair, Community Committee
Peter Luongo, Montgomery County Department of Addiction, Victim and Mental Health Services; Chair, Government Committee

Jennifer Andrews, Montgomery County Council
C. Bennett Connelly, Montgomery County Department of Family Resources
Robert Coyne, Criminal Justice Coordinating Commission
Donn T. Davis, Juvenile Services Agency
Major Donald Deering, Montgomery County Division of the Maryland National Capital Park Police
Neil Dorsey, Montgomery County Department of Correction and Rehabilitation
Kenneth P. Doyen, Montgomery College
Reverend Lon Dring, Community Ministry
Dr. Glen Gilbert, University of Maryland
Dr. Ileana C. Herrell, Montgomery County Department of Health
Dr. Elaine Johnson, Federal Office of Substance Abuse Prevention
Chaim Lauer, Board of Jewish Education
Dr. Jose C. Manduley, Montgomery County Office of Minority and Multicultural Affairs
Dr. Lois Martin, Montgomery County Public Schools
Deborah McGuire, Business Against Drugs, Inc.
Susan Morris, S. W. Morris Company
Patrick Murphy, Rand Corporation
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Pamela Quirk, Montgomery County Circuit Court
Dolores B. Reid, Montgomery County Department of Social Services
Captain Ronald Ricucci, Montgomery County Department of Police
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William J. Skinner, Esq., Montgomery County Drug Abuse Advisory Council
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Carolyn Snowden, Montgomery County Community Action Board
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Alternate Members

Jane Allen, Community Ministry
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Appendix B

Site Visits to Treatment and Prevention Programs

Background

To gain a first-hand perspective on current prevention and treatment efforts in Montgomery County, Task Force members conducted site visits to the Phoenix 2 alternative school near Gaithersburg, the Social Model Detoxification Program on Shady Grove Road, the SNEAKERS Program in Lincoln Park, Communities Taking Action Against Substance Abuse, and the Parent Component of Gaithersburg Teen Support at Gaithersburg High School.

The visits included tours of the facilities and discussions with staff, participants, and patients. Task Force members Jennifer Andrews, Ed Masood, Jake Powderly, Martha Rosacker, William Skinner, and Robert Studley and staff member Carol Giannini were interviewed by staff following the site visits. Their observations form the basis of this summary.

Phoenix 2 School

Task Force members visited Phoenix 2's new facility that was opened in 1988. According to Phoenix 2 Administrator Sally Eller, the program "is a school in a homelike atmosphere for students from troubled homes." Not all the students are substance abusers. Montgomery County Public Schools has operated the program since 1979, when the first school opened in Silver Spring. Phoenix 2 opened in 1983.

A total of 250 students attended Phoenix 2 last year, including 15 percent minorities. Approximately 1,000 students, including 22 percent minorities, went through the 10 MCPS alternative school programs last year.

Students come to the program through referrals from principals, parents, and a variety of county agencies. Ms. Eller described Phoenix 2 as a "last resort" for nonhandicapped students having trouble learning in a regular classroom setting.

Task Force members met Fred, a former teenage cocaine addict. Fred comes from a stressful family situation. Both his parents are deaf, but he is not. He learned about drugs and obtained them from his older brothers and their friends. By the time he reached high school, he was selling cocaine every day.

Fred graduated from Phoenix 2 this year. Since graduation he has been speaking to elementary and high school classes, telling students about the impact of substance abuse on his life. In conversations with Task Force members, he stressed the importance of role models in reaching high-risk children and adults.

He pointed out that professional athletes, pop musicians, and bands can be effective role models. But he emphasized that, before he began using drugs, he would have been most impressed if someone who "was happy with life" or who "will do what they can to help" had talked to him. A good prevention approach, he said, is to have former addicts talk to young children.

Two parents who put their daughters in the Phoenix 2 program to combat their substance abuse also talked with Task Force members. They noted that teachers and principals needed to be more aware of patterns in students' behavior that indicate substance abuse. Fred said that no one at his former high school bothered to ask him why he had a beeper. One parent said that no one asked her daughter why she had $300-400 in cash in her locker.

A Task Force member who is also the Director of the MCPS Department of Health and Physical Education informed the Task Force that efforts have been initiated in the last few years to address problems relating to denial and lack of awareness among school staff.

Fred, the two parents, and Ms. Eller suggested that, in addition to role models, another prevention approach would be the return of "drop-in" centers or drug-free canteens where teens and young adults could go for regularly scheduled concerts and movies and could also talk confidentially with trained adult or teen counselors.

Social Model Detoxification Center

This program opened in January 1988. Located near Shady Grove Adventist Hospital, it provides a stay of 3 to 7 days for adults who need drug or alcohol detoxification under medical supervision and who do not require hospitalization. Clients are referred by doctors, hospitals, police, and relatives.

By July, the program had served about 300 patients. Between January and May 1988, it treated 100 alcoholics, 69 cocaine addicts, 29 PCP abusers, and a variety of other substance abusers. Most clients had multiple addictions. The majority of clients are between ages 26 and 41.

Bruce, a client, said that he became a heroin addict in Vietnam in 1968. Although he completed treatment at Montgomery General Hospital, he abused alcohol and later became addicted to cocaine. His parents also abused substances, he said.

Bruce said that ex-addicts could tell young people "what not to do" and could give youngsters the perspective of people "who have been through the mill." He also suggested taking parents to the detox center, the rehabilitation center, and Springfield State Hospital in Carroll County, to show them what could happen to them or their children if substance abuse is allowed to continue.

Bruce and the other client the Task Force members met said that education is the key to an effective substance abuse prevention program. In addition,

they stressed the need for more rehabilitation centers in the county. Rehab is the next step after detox. Currently about 80 people are on the waiting list for the county's one, 12-bed, intermediate care facility, located in Takoma Park. Thus, clients must wait about a month after leaving detox to get into the rehab program. The clients said that many people become discouraged and return to substance abuse while waiting for rehab.

The SNEAKERS Program

The SNEAKERS Program was started by Crittenton Services and is currently funded by a mini-grant from the county's Department of Family Resources, Division on Children and Youth. The letters in SNEAKERS stand for "Self-Esteem, Nurturance, Expectations, Assertiveness, Knowledge, Economics, Responsibility, and Success." It is an outreach program designed to combat teenage pregnancy and substance abuse in an economically disadvantaged, multicultural neighborhood.

SNEAKERS is a voluntary, once-a-week program in which workers provide information on pregnancy and substance abuse while teaching youngsters the skills to "Say No." Outreach workers use the Lincoln Park Community Center in Rockville as a base in which to show slides and films, provide literature, and give counseling to girls ages 10 to 14. The workers also go into the homes and use the churches to explain their program.

Communities Taking Action Against Substance Abuse

Communities Taking Action has been operated for two years by the county's Community Action Agency and is funded by the prevention program in the Department of Family Resources, Division on Children and Youth. The program involves church-based community leaders who have been trained by the county in substance abuse prevention and leadership skills. This community prevention project reaches parents and families of high-risk youth in the communities of Ken Gar, Stewartown, and Toby Town.

The awards ceremony attended by the Task Force members was a poignant experience. It featured the mother of the late University of Maryland basketball star Len Bias, who died of a cocaine overdose. In addition, the group recognized the children who had developed alternatives to drugs and set goals and commitments for the next year.

As one Task Force member noted, "the program is a good example of building on natural tie-ins, identifying stakeholders, training them, and having them, in turn, train others in the community."

Gaithersburg Teen Support: The Parent Component

This program is one of the most intensive prevention programs in the county. A similar program is located in Bethesda. Based on the "tough love" concept and structure, a parent support group mentors a teen support group for youths age 12 to 18. Through this program teens develop self-

discipline and identify alternatives to drugs, such as volunteer service, job corps counseling, and a variety of other programs.

The evening that the Task Force members visited the group, a woman came who had recently moved to the county from out of state and is separated from her husband. She was seeking a residential drug treatment center for her 14-year-old daughter, who had been in an out-of-state program after abusing alcohol and PCP and attempting suicide at age 12.

The Gaithersburg group, which is made up of about 35 parents, was able to pair the woman with someone who had experienced similar problems and had found resources to deal with them.

One task force member who visited the program described it as "very intense," with success based on "parents' willingness to share" with the group. He said that the program may not work for all families with problems related to substance abuse, but more such programs in the county would provide an intimate atmosphere that might make it easier for people to share their problems with others.

Main Impressions

The site visits provided the Task Force members with "hands on" experience that reinforced and supplemented the written materials they had received regarding treatment and prevention programs. In their discussions during the site visits, they learned of the importance of role modeling and of empowering communities in substance abuse prevention techniques. They also learned about poignant examples of how substance abuse affects the individual and the family.

"The thing about substance abuse is that it is really hard to come to grips with the extent of the problem unless you have personal experience with it," said one Task Force member after the site visits.

Appendix C

Prevention Definitions

Definitions

- Prevention is a proactive process that involves working with communities, focusing on wellness and health to reduce or eliminate the need for the treatment of problems.
- Prevention is a process that promotes health by empowering people with the resources needed to confront complex, stressful life situations and by enabling individuals to lead personally satisfying, enriching lives.
- Prevention is a three-pronged process that stresses enabling individuals to maintain or improve their levels of health, focuses on individuals and communities before a crisis occurs, and involves a community by giving people the ability to change conditions detrimental to their health and well-being.
- Prevention is a continuum of integrated activities that complement each other and that involve providing information about substance abuse, education, and alternatives to substance abuse.
- Prevention is a method for reducing the occurrence or incidence of chemical use or abuse.
- Prevention is an educational process that seeks to protect the individual in order to avoid alcohol and drug-related problems before the signs or symptoms of problems appear.
- Prevention is a set of activities designed to keep individuals and groups from becoming dependent on the regular use or alcohol and/or illicit drugs.
- Prevention models involve the concepts of primary, secondary, and tertiary prevention. These concepts are defined as follows:
  - Primary prevention seeks to limit the number of persons in a population who initiate drug use.
  - Secondary prevention seeks to reduce the number of persons in a population who continue to use drugs to the point that it becomes a problem to them.
  - Tertiary prevention seeks to reduce the overall level of impairment due to drug use within a population.

Appendix D

Brainstormed Strategy Suggestions

Business Committee

- Provide a resource guide, listing where employers or employees can turn for treatment of substance abuse.
- Work through Business Against Drugs, Inc., to mobilize the business community to become involved. Have B.A.D., Inc. take a leadership in the public/private partnership.
- Coordinate a media campaign luncheon to educate the media regarding the need for their cooperation in prevention efforts.
- Distribute existing materials and develop new materials for businesses on how to identify substance abuse and on other topics.
- Develop a kit for Chief Executive Officers.
- Get insurance companies to agree to lower rates for companies with substance abuse policies, as an incentive to businesses.
- Get health educators in universities to design health promotion efforts for employers.
- Involve treatment agencies, through the Treatment Coalition, to provide training for seminars for businesses.
- Involve the association of employee assistance programs in providing information to businesses.
- Provide videos and seminars to businesses.
- Conduct a marketing effort on why businesses need to have information on substance abuse.
- Have the County Executive send a letter to all businesses, saying what's available, describing what businesses can do to support the efforts, emphasizing the government/business partnership role, encouraging all businesses to join B.A.D., Inc., and discussing policy.
- Have the County Executive set the direction by formulating a substance abuse policy for county employees, to serve as a model for other employers.
- Target schools and the government as large employers.
- Develop and distribute a sample policy that businesses can adopt, together with suggestions on how a business can administer the policy.
- Designate one person in the county to serve as a resource to businesses on workplace prevention issues.
- Create an Office of Substance Abuse Prevention to plan, coordinate, and monitor prevention activities beyond the current activities. This office should expand rather than duplicate existing efforts like the Care Center and the Substance Abuse Coordinator role.
- Coordinate all efforts with those of the Governor's Office on Justice Assistance, the Council of Governments, and other regional efforts.

Possible Additional Efforts Related to Workplaces

- Encourage businesses to hold meetings of self-help groups in workplace or pamphlets on local self-help groups.

- Encouragement of health promotion through activities like exercise classes during lunch or before or after work.
- Encouragement of healthy recreation.
- Operation ID by beer and wine retailers, displaying logo indicating that police will be called if false ID is shown.
- Life skills training for employees, focusing on coping skills, dealing with customers, decisionmaking, problemsolving.
- Public service announcements through such means as messages on grocery bags and in payroll checks, messages on bulletin boards, and short prevention films before feature films.
- Training on identification and referral of employees abusing substances.
- Distribution of information to businesses when they obtain or renew licenses.
- Linkage with University of Maryland referral system.

Community Committee

- Provide more treatment facilities in this county.
- Sponsor career or job fairs that also feature substance abuse prevention messages, information on the impact of substance abuse in the workplace, and where and how to get help.
- Use the ESOL (English for Speakers of Other Languages) Program and the Literacy Council to get substance abuse prevention messages across the multicultural community.
- Aim prevention programs at school-age children, people 40 years old, while focusing intervention and treatment programs on those 18-40 years old.
- Provide parenting skills training to high school age youth.
- Children could be reached through the Latchkey Program and counseling by kids for kids should be implemented.
- Encourage county businesses to hold lunchtime programs on substance abuse prevention at the worksite or in malls, using local people.
- Have the county provide a resource booklet, listing and describing all existing prevention and treatment programs, where to go for help, and what parents can do for their children.
- Pre-test all materials to be used for multicultural neighborhoods, to make sure that they do not violate cultural mores.
- Provide puppet programs that feature a strong prevention message and use local people to reach children and adults, especially in multicultural neighborhoods.
- Consider a county or state requirement that businesses complete a substance abuse awareness course before getting their licenses to operate.
- Establish a county Office of Substance Abuse Prevention to coordinate, create, and evaluate prevention programs.
- Spend more county money on prevention programs.

Government Committee

- Conduct a household survey to measure self-reported personal use of alcohol and illegal substances and to permit measurement of the effectiveness of prevention programs.
- Increase the police presence in the "open air" drug markets in the County to stop the open exchange of drugs.
- Recognize alcohol as a gateway drug that must be controlled to prevent the use of other dangerous substances.
- Emphasize to the public that many misconceptions exist regarding drugs and their addictiveness. Crack cocaine, which can be rapidly addicting, is one example.
- Offer HIV (AIDS virus) tests to people arrested for drug use or trafficking, to increase their awareness of the many dangers of drug use.
- Propose state legislation, similar to that in New Jersey, including the provision that convicted drug offenders lose their driving licenses upon conviction.
- Make interagency cooperation within the County Government a high priority with respect to prevention, community outreach, and all activities for which a coordinated approach is needed in the fight against substance abuse. The government must both commit existing resources and supplement them to meet the desired goals.

Appendix E

Rankings of Strategies by Task Force Members

Actual rankings of strategies were as follows:

Short-term:
1. County Executive substance abuse policy.
2. Inventory of prevention resources.
3. Comprehensive information and media campaign.
4. Identify and train gatekeepers and stakeholders.
5. Develop infrastructure in County Government.

Long-term:
1. Education for employers.
2. Drug and alcohol policy development by employers.
3. Government outreach, one-stop shop.
4. Identify and train gatekeepers and stakeholders.
5. Build on natural tie-ins.

Appendix F

Frequency of Substance Use: Definitions from Self-Report Surveys

FREQUENTLY USED TERMS

Throughout this report terms such as "substance," "drug," "current use," "frequent use" will be used to characterize the various substances and levels of usage. These terms are defined as follows:

- **Substance**--Any drug surveyed, including cigarettes, smokeless tobacco and alcohol

- **Any drug**--Any drug surveyed, excluding cigarettes, smokeless tobacco, and alcohol

- **Ever Used**--Anyone who did any of the following:

  - Used or tried but not now using
  - Use once a month
  - Use once a week
  - Use several times a week
  - Use once or more a day

- **Current Use**--Anyone who did any of the following:

  - Use once a month
  - Use once a week
  - Use several times a week
  - Use once or more a day

- **Frequent Use**--Anyone who did any of the following:

  - Use several times a week
  - Use once or more a day

Source: Maryland Department of Health and Mental Hygiene
Addiction Services Administration
November 1, 1987

Appendix G

Survey of Drug and Alcohol Use Among MCPS Adolescents, 1987

MONTGOMERY COUNTY PUBLIC SCHOOLS
ROCKVILLE, MARYLAND

SURVEY OF DRUG AND ALCOHOL USE AMONG MCPS ADOLESCENTS

by

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EXECUTIVE SUMMARY

SURVEY OF DRUG AND ALCOHOL USE AMONG MCPS ADOLESCENTS

In the spring of 1987, MCPS conducted a survey of drug abuse among its secondary school students.[1] This survey was undertaken to determine the direction and magnitude of change in the patterns of drug and alcohol use among MCPS students since 1982. The results are extremely encouraging.

Students in MCPS appear to have adopted the slogan "Just Say No" as evidenced by the decrease in their reported drug and alcohol use. Analysis of the survey data revealed that overall, drug use among students has declined 27 percent since 1982, with only 16 percent of the students indicating a current use of drugs. (Exhibit E-1)

- The overall use of hard drugs shows the sharpest decrease in student use, with students reporting a 41 percent decrease in hard drug use. When looking at the hard drug substances separately, heroin (75%) and hashish (73%) show the highest percent of decrease in student use, followed closely by noticeable declines in quaaludes (66%) and cocaine (62%) usage. This overall decline in drug usage among MCPS students parallels a similar decline in the reported use of drugs, in general, at the national level.

- Although marijuana remains by far the most commonly used illicit drug with 13 percent of students reporting some level of use, its use has also dropped by a full 27 percent since 1982.

- While student use of "established" legally available drugs continues to be substantially higher than illicit drug use, small declines were also found for cigarettes (9%) and alcohol (4%).

MCPS school programs designed to prevent or minimize drug and alcohol use have been successful. Approximately half of the students who reported participating in some type of school drug education program indicated that their decisions not to become involved with drugs and alcohol or to decrease their current use of drugs and alcohol were affected by their participation in a substance abuse education/intervention school program. (Exhibit E-2)

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[1] The survey was conducted in a sample of 13 secondary schools with only one grade (8th, 10th, or 12th) sampled per school, with age specific cohorts from the same secondary schools being sampled. A total of 3,698 MCPS students participated in this study: 1,184 eighth graders, 1,349 tenth graders, and 1,153 twelfth graders. Twelve questionnaires were considered to be invalid and were discarded as a result of extensive non-response and/or logical inconsistencies. Eleven of the schools surveyed in 1982 were included in the 1987 survey sample. Two schools included in the 1982 survey sample have since been closed, and comparable replacements were included in the 1987 sample.

Exhibit E-1

Percentage of MCPS Students in 1982 and 1987
Reporting Use of Specific Drugs and Alcohol

SUBSTANCE	1982	1987	% Decrease in Use **
DRUGS	22	16	27%
HARD DRUGS	17	10	41
Amphetamines	7	4	42
Barbiturates	5	2	60
Cocaine	8	3	62
Crack	*	2	N/A
Hallucinogens	5	2	60
Hashish	11	3	73
Heroin	4	1	75
Methamphetamines	7	3	57
PCP	5	2	60
Quaaludes	6	2	66
Solvents	5	3	40
Tranquilizers	5	2	60
MARIJUANA	18	13	27
CIGARETTES	23	21	9
ALCOHOL	76	73	4
Beer	67	64	4
Wine	61	55	10
Hard Liquor	49	47	4

* "Crack" was not included in the 1982 student questionnaire.

** "Percent of decrease" was calculated by dividing the difference between the percentage recorded for 1982 and that reported for 1987 by the 1982 percentage.

Exhibit E-2

Percentage of MCPS Students Reporting the
Effect of Participation in Drug and Alcohol Education Program
On The Use of Drugs and Alcohol

PROGRAM	Decreased Use %	Convinced Me Not to Start %	No Effect %	Increased Use %	Started Me Using % *
Alcohol/Drug Films	7	42	42	1	1
Health Education Classes	6	39	42	1	1
Drug/Alcohol Courses	7	40	39	2	2
Student Committee Programs	12	39	37	1	1
Group Discussions	8	38	39	1	1
Presentation by Recovered Alcoholics/Addicts	10	33	44	1	2
Other School Programs	9	41	41	1	1

* Row percentages do not total 100 due to missing data.

While white males and older students generally tend to be more frequent users of drugs and alcohol, other associations may be observed which identify the student drug user from the nonuser.

- Young adolescents experiment with a broader range of drugs than older students.
- Generally, students who are expecting to attend college use drugs and alcohol less than the noncollege-bound students.
- Students indicating above-average cumulative GPAs report less drug and alcohol use than students earning average or below average GPAs.
- The greater the amount of spending money available to students, the greater is the reported use of drugs and alcohol.

SURVEY OF DRUG AND ALCOHOL USE AMONG MCPS ADOLESCENTS

In 1980 and 1982, MCPS participated in a survey of drug abuse among adolescents as part of the Maryland Drug Abuse Administration's statewide survey of drug abuse among adolescents. In the spring of 1987, MCPS conducted a survey of drug abuse among its secondary students as a continuation of the Maryland Drug Abuse Administration's initiative.[1] This survey was undertaken to determine what changes had occurred since 1982 in the patterns of drug use among MCPS students and in their attitudes towards drugs.

The purpose of the survey was to gather information regarding students' attitudes and experiences concerning the use of drugs and alcohol. Specifically, the survey examined the following areas:

- What is the extent of drug and alcohol use among MCPS students as revealed in students' self-reports?
- What kinds of students use drugs and alcohol? Are such variables as race, sex, grades, college plans and amount of spending money related to the reported use of drugs and alcohol?
- Which alcohol and drug education programs are students most likely to participate in when the program is offered at school? How effective are these programs in deterring or minimizing student use of drugs and alcohol?

Administration of the 1987 survey differed from that of 1982 in that the 1987 survey was administered by DEA staff members in small group settings. In addition, several changes were made in the questionnaire itself: questionnaire items related to technical aspects of drugs and drug use, street terminology, health dangers of drugs and alcohol were deleted, and two questions referring to the drug "crack" were added.

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[1] This survey was conducted in a sample of 13 secondary schools with only one grade (8th, 10th, or 12th) sampled per school. Eleven of the schools surveyed in 1982 were included in the 1987 survey sample. Two schools included in the 1982 survey sample have since been closed, and comparable replacements were included in the 1987 sample. A total of 3,698 MCPS students participated in this study:[1] 1,184 eighth graders, 1,349 tenth graders, and 1,153 twelfth graders. Twelve questionnaires were considered to be invalid and were discarded as a result of extensive non-response and/or logical inconsistencies.

FINDINGS

Analysis of the survey data revealed that overall, drug use among students in MCPS has declined 27 percent since 1982, with only 16 percent of the students indicating a current use of drugs. (Exhibit 1.1) This overall decline in drug use reflected among MCPS students is consistent with the downward trend of drug abuse noted in the National Institute on Drug Abuse's (NIDA) annual survey of drug abuse among high school seniors.[2]

- The overall use of hard drugs shows the most dramatic decline in student use, with students reporting a 41 percent decrease in hard drug use. When looking at the hard drug substances separately, heroin (75%) and hashish (73%) show the highest percent of decrease in student use, followed closely by noticeable declines in quaaludes (66%) and cocaine (62%) usage.

- A notable exception to the pattern of drug use reported by the National Institute on Drug Abuse is the decline in cocaine use noted by MCPS students. While MCPS students indicate a decline in cocaine use, NIDA survey findings report peak levels of use among high school seniors.

- Despite increased public attention to its dangers, a small group of MCPS students (2%) indicated some level of use of the drug "crack".

- While many students have tried hard drugs, the majority of such use has been chiefly experimental. Only a small percent of students have taken drugs with any consistency or regularity. Marijuana, however, is the exception.

- Although marijuana remains by far the most commonly used illicit drug with 13 percent of the students reporting some level of use, its use has also dropped by a full 27 percent since 1982.

While student use of "established" legally available drugs remains substantially higher than illicit drug use, modest declines, nevertheless, were found for cigarettes (9%) and alcohol (4%).

- Cigarette smoking is experimented with among MCPS students, its use remaining relatively stable with slightly more than 20 percent of the students reporting some level of use. However, a slight decline in use is noted from 1982.

- Alcohol continues to be consumed by a major percentage (73%) of MCPS students. When looking at specific types of alcohol, beer continues to be the most commonly consumed alcohol for all grade levels.

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2. U. S. Department of Health and Human Services: Alcohol, Drug Abuse and Mental Health Administration, National Institute on Drug Abuse, Drug Use by High School Seniors - 1986.

Exhibit 1-1

Percentage of MCPS Students in 1982 and 1987 Reporting Use of Specific Drugs and Alcohol

SUBSTANCE	1982	1987	% Decrease in Use **
DRUGS	22	16	27%
HARD DRUGS	17	10	41
Amphetamines	7	4	42
Barbiturates	5	2	60
Cocaine	8	3	62
Crack	*	2	N/A
Hallucinogens	5	2	60
Hashish	11	3	73
Heroin	4	1	75
Methamphetamines	7	3	57
PCP	5	2	60
Quaaludes	6	2	66
Solvents	5	3	40
Tranquilizers	5	2	60
MARIJUANA	18	13	27
CIGARETTES	23	21	9
ALCOHOL	76	73	4
Beer	67	64	4
Wine	61	55	10
Hard Liquor	49	47	4

* "Crack" was not included in the 1982 student questionnaire.

** "Percent of decrease" was calculated by dividing the difference between the percentage recorded for 1982 and that reported for 1987 by the 1982 percentage.

Student reaction to school-based prevention programs strongly suggests that drug education programs within MCPS that attempt to modify drug behavior in students have met with much success as evidenced by the decreases in the level of drug use noted by program participants. (See Exhibit 1.2.)

- Approximately half of the students who reported participating in some type of school drug education program indicated that their decisions not to become involved with drugs and alcohol or to decrease their current use of drugs and alcohol were affected by their participation in a substance abuse education/intervention school program. (See Exhibit 1-2.)

Exhibit 1-2

Percentage of MCPS Students Reporting the
Effect of Participation in Drug and Alcohol Education Program
On The Use of Drugs and Alcohol

PROGRAM	Decreased Use %	Convinced Me Not to Start %	No Effect %	Increased Use %	Started Me Using %	*
Alcohol/Drug Films	7	42	42	1	1	
Health Education Classes	6	39	42	1	1	
Drug/Alcohol Courses	7	40	39	2	2	
Student Committee Programs	12	39	37	1	1	
Group Discussions	8	38	39	1	1	
Presentation by Recovered Alcoholics/Addicts	10	33	44	1	2	
Other School Programs	9	41	41	1	1	

* Row percentages do not total 100 due to missing data.

Much of the success that MCPS has had in modifying drug behavior among its students has come as a result of identifying characteristics associated with users of drugs and alcohol. While white males and older students generally tend to be more frequent users of drugs and alcohol, a closer examination into student users of drugs and alcohol reveals a constellation of background characteristics and associations.

- The trend of drug use among MCPS students shows a general increase in the use of substance with age. As students advance from grade to grade, the proportion of students who become involved with drugs and alcohol increases correspondingly. However, fewer students are involved with a broad range of drugs as they get older. (See Appendix A-1.)

- Experimentation with drugs appears to be highest among the younger high school students. A higher percentage of students at the junior high level reported use of a broad range of hard drugs (excluding cigarettes and marijuana) than senior high students. This finding is consistent with national reports suggesting that ages 12 to 14 as the most critical and vulnerable time for adolescents to make decisions about experimentation with drugs. (See Appendix A-1.)

- The use of drugs and alcohol by gender indicates that males are more likely to use drugs and alcohol than females; the overall difference, however, is very slight. More notable differences are observed when looking at the use of specific drugs and type of alcohol. (See Appendix A-2.)

- In general, students who plan to attend college use drugs and alcohol less frequently than those students who had no college plans. (See Appendix A-3.)

- Drug use is inversely associated with student GPA. That is, students indicating above average GPAs reported the lowest percentage of drug and alcohol use. (See Appendix A-4.)

- The greater the amount of spending money, the greater is the current use of drugs, alcohol, and cigarettes. (See Appendix A-5.)

The progress that has been noted in MCPS in reducing the use of drugs and alcohol among students, as reflected in students' self-reporting, is most encouraging. However, the following limitations are noted as being inherent in results of surveys of this type: the data are self-reported responses, drug utilization patterns may be different among students in grades which were not surveyed, and students absent the day of the survey administration may have different drug utilization patterns than those who were present. The findings presented in this report, therefore, should be interpreted with caution. However, there is no reason to think these factors differentially effected the 1987 responses as compared to previous years.

APPENDIX

Appendix A-1

Percentage of MCPS Students by Grade Level
Reporting Use of Drugs and Alcohol

SUBSTANCE	8th	10th	12th
DRUGS	12	14	23
HARD DRUGS	9	9	12
MARIJUANA	8	11	19
CIGARETTES	18	18	29
ALCOHOL	59	76	86

Appendix A-2

Percentage of MCPS Students Reporting
Use of Alcohol, Cigarettes and Drugs By Race and Sex

	RACE				SEX	
	White	Black	Hispanic	Asian	Male	Female
DRUGS	19	10	14	9	17	15
HARD DRUGS	11	5	12	7	11	9
Amphetamines	5	3	2	2	4	4
Barbiturates	2	1	2	1	2	1
Cocaine	3	2	6	1	3	2
Crack	1	2	3	1	2	1
Hallucinogens	3	1	2	0	3	2
Hashish	4	2	3	2	5	2
Heroin	1	1	3	1	2	1
Methamphetamines	3	2	3	2	3	3
PCP	2	3	1	*	3	1
Quaaludes	1	1	3	2	2	1
Solvents	2	3	3	3	3	2
Tranquilizers	2	2	4	1	2	2
MARIJUANA	15	8	8	5	14	12
CIGARETTES	25	10	19	9	19	24
ALCOHOL	80	63	65	51	74	73
Beer	70	50	54	42	68	60
Wine	60	47	50	36	52	58
Hard Liquor	55	24	37	24	50	44

* Less than .05 percent reporting.

Appendix A-3

College Plans of MCPS Student Users and Nonusers of Alcohol, Cigarettes, and Drugs *

	% Students With College Plans		% Students With No College Plans	
	User	Nonuser	User	Nonuser
DRUGS	14	86	32	68
HARD DRUGS	8	92	23	77
Amphetamines	3	97	9	91
Barbiturates	1	99	4	96
Cocaine	2	98	9	91
Crack	1	99	6	94
Hallucinogens	2	98	6	94
Hashish	3	97	8	92
Heroin	1	99	5	95
Methamphetamines	2	98	9	91
PCP	1	99	8	92
Quaaludes	1	99	5	95
Solvents	2	98	5	95
Tranquilizers	1	99	8	92
MARIJUANA	11	89	24	76
CIGARETTES	18	82	42	58
ALCOHOL	72	28	83	17
Beer	62	38	76	24
Wine	55	45	57	43
Hard Liquor	45	55	61	39

*Percentages are based on students' self-reports of their plans.

Appendix A-4

GPA of MCPS Student Users and Nonusers of Alcohol, Cigarettes, and Drugs

	% Students With Above-average GPA *		% Students With Average GPA **		% Students With Below-average GPA ***	
	User	Nonuser	User	Nonuser	User	Nonuser
DRUGS	12	88	22	78	30	70
HARD DRUGS	7	93	13	87	21	79
Amphetamines	3	97	5	95	10	90
Barbiturates	1	99	2	98	6	94
Cocaine	2	98	4	96	9	91
Crack	1	99	1	99	6	94
Hallucinogens	2	98	2	98	8	92
Hashish	3	97	4	96	9	91
Heroin	1	99	1	99	5	95
Methamphetamines	2	98	4	96	9	91
PCP	1	99	3	97	8	92
Quaaludes	1	99	2	98	4	96
Solvents	2	98	3	97	5	95
Tranquilizers	1	99	3	97	7	93
MARIJUANA	9	91	18	82	24	76
CIGARETTES	15	85	30	70	36	64
ALCOHOL	70	30	80	20	85	15
Beer	58	42	71	29	78	22
Wine	53	47	57	43	63	37
Hard Liquor	43	57	52	48	60	40

* Above-average GPA = Grades of "A" and "B".

** Average GPA = Grade of "C".

*** Below-average GPA = Grades of "D and below".

Appendix A-5

Weekly Amount of Spending Money Reported by Student Users and Nonusers Of Alcohol, Cigarettes, and Drugs

	% Students Spending Less than $10		% Students Spending $10 - $20		% Students Spending $20 - $30		% Students Spending $30 - $40		% Students Spending $40 or more	
	User	Non-user	User	Non-user	User	Non-user	User	Non-user	User	Non-user
DRUGS	9	91	15	85	22	78	22	78	32	68
HARD DRUGS	5	95	9	91	13	87	12	88	22	78
Amphetamines	2	98	4	96	5	95	5	95	11	89
Barbiturates	1	99	1	99	1	99	2	98	5	95
Cocaine	1	99	1	99	4	96	4	96	10	90
Crack	*	99	1	99	2	98	3	97	5	95
Hallucinogens	1	99	1	99	3	97	4	96	7	93
Hashish	1	99	3	97	6	96	7	93	9	91
Heroin	1	99	1	99	1	99	1	99	4	96
Methamphetamines	1	99	2	98	4	96	3	97	8	92
PCP	1	99	1	99	2	98	2	98	6	94
Quaaludes	1	99	1	99	2	98	3	97	5	95
Solvents	2	98	3	97	3	97	3	97	5	95
Tranquilizers	1	99	1	99	3	97	3	97	6	94
MARIJUANA	6	94	11	89	19	81	19	81	26	74
CIGARETTES	15	85	20	80	28	72	32	68	32	68
ALCOHOL	62	38	77	23	82	18	81	19	84	16
Beer	51	49	68	32	74	26	76	24	78	22
Wine	47	53	59	41	62	38	59	41	65	35
Hard Liquor	33	67	50	50	57	43	60	40	66	34

* Less than .05 percent reporting.

Appendix H

Recipients of Mini-Grants of County and State Funds Through Montgomery County Department of Family Resources, Division on Children and Youth

Community Based Substance Abuse Prevention Programs, FY 88
Supported Through Division on Children and Youth

Campfire - Potomac Area Council Self-reliance Program for third through sixth graders (age 8-11), their parents, youth leaders and teachers to teach life skill strategies, assertive behavior and peer refusal skills to enhance self-exteem in Somerset Magnet School area.

- o I am Peer Proof

Crittenton Services Program for girls ages 10-14 in low income area to divert early drug use, truancy, and teen pregnancy.

- o Sneakers in Lincoln Park

Emory Grove Youth Services Cultural Pride activities with youth ages 8-16 living in heavy drug/alcohol use area to develop coping skills and involve families in the Emory Grove community.

- o Culture Club

Division on Community Action Church-based neighborhood parent groups in Ken Gar community and (another Up-County site) will be trained in culture based skills to deal with youth at high risk to provide community centered program.

- o Community Taking Action

Care Center

- o Annual Prevention Conference - will bring together those who work in prevention activities in the community and showcase all these efforts.
- o Youth Speaks Out Forum - will provide platform for young people to clarify their concerns and needs. Materials for high risk youth will be specially developed by the Cate Center for community use.
- o Teen Support Group - Gaithersburg parents group will train teens at high risk for alcohol and drug abuse to provide support group for teens in need.

Montgomery County Youth Workers Training Committee Offers three trainings to those who work with youth at high risk:

- o Reaching the Unmotivated Youth
- o Children in Chemically Dependent Families
- o Teen Sexuality

Ethos Foundation Outreach program for isolated senior adults to educate them about chemical dependency issues, misuse of prescription medication and secondary alcoholism.

- o Holistic Program for Seniors

Kensington/Wheaton Youth Services (MHA-MC) Workshops for elementary students in grades 5 and 6 in Kensington/Wheaton area in the school setting which includes teachers, counselors and parents.

- o Drug Awareness

Department of Recreation Junior high youth project in Long Branch Community Recreation Center in Silver Spring to involve those for whom sports figures are important role models. They (youth) will receive drug refusal information, reinforced by sports figures (stars) at the events.

- o Get High on Sports

Appendix I
Resource Material Available to Task Force

ADAMHA News Supplement (assorted articles). Vol. XIII, No. 9, September 1987.

Alcohol Health and Research World. Series of articles. U.S. Department of Health and Human Services, 1987.

Alliance for a Change: A Plan for Community Action on Adolescent Drug Abuse. James F. Crowley, 1984.

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Drug Abuse From the Family Perspective. U.S. Department of Health and Human Services, National Institute on Drug Abuse, 1980.

Drug Abuse in the Workplace: Issues, Policy Decisions, and Corporate Response. National Institute on Drug Abuse, 1986.

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Drug Use and Drug Programs in the Washington Metropolitan Area: An Assessment. Executive Summary. Greater Washington Research Center, February 1988. (Rand Report).

Evaluation of Prevention Programs: A Basic Guide for Practitioners. Wisconsin Department of Health and Social Services, 1984.

Guide To Mobilizing Ethnic Minority Communities for Drug Abuse Prevention. National Institute on Drug Abuse, 1986.

Harmfully Involved: Maryland Youth in Crisis. Maryland State Bar Association, 1986.

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Journal for Specialists in Group Work: Substance Abuse. Series of Articles. Association for Specialist in Group Work, 1984.

Montgomery County Drug and Alcohol Prevention Services. Montgomery County Department of Family Resources, 1988.

Montgomery County Substance Abuse Fact Sheet. Montgomery County Department of Family Resources Substance Abuse Coordinator, 1988.

Office of Substance Abuse Prevention (OSAP) Newsletter. Department of Health and Human Services, Summer 1988.

Prevention Resource Guidebook. Minnesota Institute of Public Health, 1988.

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Substance Abuse Resources at Source. Task Force on Alcohol and Drug Abuse of the National Capital Presbytery Health Ministries, Spring 1988.

Substance Abuse Summary Information. Montgomery County Department of Family Resources, July 1988.

Training Primary Care Physicians To Identify and Treat Substance Abuse. Alcohol, Health, and Research World.

Twenty Exemplary Programs. NASADAD/NPN, 1988.

USA Issues: Substance Abuse, 1988. Gannett Publications, 1988.

White House Conference for a Drug Free America. U.S. Government Printing Office, June 1988.

Youth Peer Leadership: A Manual for Making a Difference. Maryland Department of Health and Mental Hygiene, Alcohol and Drug Abuse Prevention Unit, 1985.

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